LECTURES ON FEVERS:

BEING

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COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT OF THE SEVERAL FORMS OF CONTINUED FEVER.

BY

ALEXANDER TWEEDIE, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO THE LONDON FEVER HOSPITAL, TO THE FOUNDLING HOSPITAL, EXAMINER IN MEDICINE IN THE UNIVERSITY OF LONDON, ETC. ETC.

LECTURE XII.

TREATMENT OF TYPHUS FEVER.

Former treatment by bloodletting—emetics—purgatives—cold affusion—salines and antimonials—nourishment—wine—revival of the Brownonian treatment—narcotics—management of convalescence.—Treatment of relapsing fever.—Treatment of febricula.

THE pathology of typhus differs in many important respects from that of enteric fever, in the absence more particularly of special local lesions, from which circumstance it has been considered to be the type of a blood disease. It is, moreover, a much less acute or sthenic disease than its prototype (enteric fever), and consequently the treatment, though in some respects similar, differs, as we shall point out, in essential particulars. It appears, too, from the history of epidemics, that it has a much greater tendency to spontaneous cure—a fact which explains the recovery of such a large proportion of those attacked with the Irish famine fever without the aid of remedies.

When the symptoms are mild, and especially if there be no organ seriously implicated, very simple measures are sufficient for its management; confinement to bed, attention to ventilation, cooling drinks, mild aperients, and simple nourishment being all that is necessary.

But by far the larger number of cases are of a more severe character, and require the treatment to be modified accordingly. It was considered, within my recollection, an indispensable part of the early treatment of typhus to adopt a somewhat vigorous antiphlogistic plan; and, with the view of subduing the general excitement, the treatment was commenced by the abstraction of blood—an operation seldom omitted except under special circumstances—not reserved for particular cases, but adopted as a general rule, too often regardless of the stage of the disease or the condition of the patient. Of late years, however, it has been almost entirely abandoned, and in the present day is scarcely thought of as a remedy in maculated typhus. I have not ventured to abstract blood in a single instance, either in hospital or private practice, for many years past; but I can conceive that an isolated case may occur in which there is, in the early stage of the disease, so much constitutional disturbance as to justify the loss of a few ounces of blood, in order to anticipate threatened congestion in some important organ. Such cases, however, are rare and exceptional. We may, in short, consider the abstraction of blood in genuine typhus to be now almost entirely proscribed.

The same views apply to the local abstraction of blood when there is congestion in particular organs; but although blood is not to be taken, even locally, without due consideration, and unless there be evident necessity, it may, on the other hand, at times be imperative that the first threatening of undue local excitement should be checked. In doubtful cases, or when loss of blood cannot be borne, dry cupping often affords much relief, without depressing the vital powers; and this practice is especially applicable when the patient is advanced in years or when the powers are feeble.

Of evacuant remedies occasionally resorted to, I may allude to the exhibition of emetics, not with the object of recommending them, but simply to observe that, except under special circumstances, they are in the present day seldom resorted to. But if, in the early stage of typhus, there be indications of bilious derangement, such as sickness or vomiting, epigastric uneasiness, yellow coating of the tongue, with jaundiced conjunctiva, an emetic may be prescribed,—the act of vomiting being often followed by manifest improvement in the symptoms and great relief to the feelings of the patient.

Thirty years ago the employment of purgatives formed an indispensable element in the treatment of continued fever, without regard to form or type; and certainly, if we consider the freedom with which they were prescribed after the publication of the work of Dr. Hamilton, of Edinburgh, with good effects, enteric fever must at that time have been rare, if not altogether unknown. While I acted as clinical assistant to Dr. Hamilton in the Edinburgh Infirmary, I witnessed his practice, which was, on the whole, successful; but some years afterwards, when the doctrines of Broussais were promulgated, the purgative system received a check, and, though not abandoned, it was much less freely adopted. It is also very probable that the type of continued fever was at that time more acute, so that the powers were more able to sustain the repeated exhibition of purgative medicines. But in the present day their employment in typhus is restricted to the commencement of the disease, to clear the bowels of accumulated or acrid contents, while in its subsequent progress, the occasional use of a mild aperient is all that is called for. But if there be unusual excitement, which it is deemed necessary to repress, the exhibition of one or two active purgatives may be advantageously adopted.

I have already noticed the practice of cold affusion in the treatment of fever, as recommended by the late Dr. Currie, and pointed out the objection to its employment. It is now entirely superseded by the more safe plan of cold or tepid sponging, which should always, except in cases of extreme exhaustion, be effectually applied every morning, or more frequently if there be undue heat of skin. It not only abates the morbid heat, but affords great comfort to the patient, besides cleansing the skin—a matter of no small importance in the nursing ministrations of the poorer classes. The topical application of cold when the head is hot, and the face flushed, will often alone anticipate or subdue cerebral excitement, and in all such cases it forms an important and indispensable part of the treatment.

In regard to the class of remedies included under salines, they may be employed, not on the ground that they are beneficial, but that they are a harmless means of appearing to do something; for no intelligent practitioner places the slightest confidence in their utility. On this subject Dr. Graves has very pertinently observed, "that in the treatment of fever it is frequently of importance to gain time, and periods will occur in every long fever, in which there may be no direct indication for the exhibition of any powerful remedy; at the same time such is the ignorance of non-medical persons, and the anxiety of the patients' friends is so intense, that they cannot imagine how it is possible for an attentive physician to let twelve hours pass away without doing something. The mere circumstance of seeing the fever going on, is sufficient proof to them of the necessity of making renewed efforts for its removal. This, however, is very excusable, and we could not treat fever in a satisfactory manner without medicines of an expectant character, and calculated to fill up the spaces intervening between those periods when active treatment is necessary. You are not to suppose that in ordering such medicines you are acting a dishonest part, and practising a deception unworthy of your profession; on the contrary, your conduct is perfectly just and proper, and though you are convinced that no medicine is required, still it will be necessary to prescribe something, if you do not wish to lose the confidence of the patient and his friends. It may be said that these are mere prejudices, and above the dignity of a man of firm and consistent character; but since prejudices are intimately blended with human nature, and con-

stitute, as it were, a part of it, it is much better in many cases to submit to them, particularly when compliance does not involve a sacrifice of principle."

With this view an alkaline citrate may be prescribed, either alone in the form of julep, or if the febrile excitement be such as to require antimonial preparations, a sixth or an eighth of a grain of tartar emetic may be added; or a pill, containing two or three grains of James's powder (prepared by Newbery), and taken at intervals, according to circumstances. In some cases, in which the antimonials are less indicated, it may be sufficient that the alkaline citrate be taken in the pyrexial state, adding the antimonial during the paroxysm only. But antimonial preparations are not to be indiscriminately employed; like other remedies of potency, they should be reserved for special emergency only, and even in such cases they should be given with caution in maculated typhus, and their effects carefully watched, so that on the first approach of exhaustion they may be at once withdrawn.

In my observations on the treatment of enteric fever, you may remember that I dwelt on the importance of the proper regulation of nourishment from the very commencement; and certainly in maculated typhus it is even more essential that the waste of tissue should be compensated by due and regular supply of properly selected food. In addition to the ordinary kinds of farinaceous aliment, a fair quantity of good beef or chicken tea—seldom less than a pint—in divided portions in the twenty-four hours, should be allowed, and instructions given to the nurse that in the night the patient be fed, once at least in four hours, with some thin farinaceous preparation, such as barley-water, groat gruel, or arrowroot, pleasantly flavoured. It is well to feel our way with the animal broth at first by giving it in small quantities—two or three tablespoonfuls—at a time, and if it disagree, and the patient complain of weight in the epigastrium, sickness, or increased feverishness, it should be withdrawn, and farinaceous food substituted for a day or two, when it may be again tried, and will probably suit better.

The medical attendant seldom escapes the importunity of friends to permit fruits to be given. It is better to be cautious in giving consent, for such articles do not always agree, and as they are unnecessary it is better to forbid their use, unless in the form of subacid drinks, such as apple or tamarind tea, a solution of preserved jelly in water, orangeade or lemonade. While on the subject of drinks in fever, I may allude to the necessity of restricting the patient as much as possible from over-distending the stomach by copious draughts of fluids—a practice which not only fails to check thirst, but often brings on gastric disturbance. Dr. Graves has very properly reminded the inexperienced practitioner that the sensation of thirst is almost entirely confined to the fauces and upper part of the pharynx, and is as much relieved by a small quantity swallowed slowly as by a larger gulped down at once.

In the progress of typhus, generally in the second week, but sometimes earlier, symptoms of exhaustion become evident, and indicate the necessity for stimulants; hence wine, or some form of alcoholic fluid, becomes one of the most important remedies in the treatment. The precise period, however, when they should be given must be regulated, not so much by the duration or stage of the fever, as by individual circumstances. Symptoms of exhaustion or sudden collapse, for example, may supervene at any period, even at the very commencement, and require stimulants to be at once administered, and in quantities which can only be regulated by their effects. The state of the circulation, as indicated by the pulse at the wrist, but still more surely by the sounds of the heart, is the usual practical index to the determination of the question. In a former lecture I drew your attention to an excellent paper on this subject by Dr. Stokes, in which it is shown that the cardiac sounds form the only certain guide for the proper administration of wine in fever. When, therefore, we find the first or systolic sound so weak and abrupt as scarcely to be distinguished from the second, (in extreme cases it is nearly annihilated,) and the pulse at the wrist beating in sympathy with the heart, soft, compressible, and rapid, there must be no hesitation in at once administering powerful stimulants, the effect on the heart's action being the guide as to the amount of either wine or brandy, while medicinal stimuli—ammonia, chloric ether, or other remedies of this class—are given in the intervals. It is especially necessary in such cases to enjoin that in the night, when the depression is generally the most marked, nourishment, and even wine, be given at proper intervals, and not to admit the too common excuse offered by the nurse for withholding them—that the invalid was in such a sound sleep that it was not deemed prudent to interrupt it. Many a patient has thus been allowed to pass into hopeless collapse, when, in all probability, by constant judicious stimulation, recovery might have taken place.

It is always necessary to watch the effects of the first few doses of wine, and if the pulse abates in frequency, becomes soft and fuller, the tongue moist, and the heat of the skin not increased; and, when there has been delirium, if the patient becomes more calm, and has intervals of sleep, we may feel sure that the wine is doing good. On the other hand, if the pulse increase in frequency and strength, the skin become hotter, and the patient restless, flushed, and excited, with throbbing of the temporal and carotid arteries, we may conclude either that wine is not suited to the case, or has been given too early, and should therefore be withdrawn. But, as a general rule, it is perhaps better to give wine a little too early than a little too late, since, if it appear to disagree, it is easy to suspend its use; but it may be very difficult to restore the vital powers if they have been allowed to remain too long unsupported.

Nor should the wine or brandy be discontinued until convalescence is fairly established; but as the symptoms for which the stimulants have been prescribed disappear, the quantity should be gradually abridged by giving smaller portions and at more distant intervals.

In regard to the amount of wine and alcoholic stimulants that may be administered in typhus, no precise rules can be laid down, as the ever-varying circumstances presented by individual cases can alone determine this. It is prudent to begin with half an ounce or an ounce, and to repeat this amount at longer or shorter intervals, according to the effect produced. From six to twelve ounces may be considered to be an average daily allowance, but sometimes it is necessary to give two or three pints, or even more, in twenty-four hours, and, it is surprising to observe, without the slightest intoxicating effect, even when the patient has been previously unaccustomed to stimulants. Indeed, in low fevers, the exhausted state of the nervous system appears to be an antidote to the effects of stimulants—in short, to create a tolerance of wine and diffusible stimulants.

The wine should always be conjoined with nourishment, in order to assist its due assimilation, though in many cases the digestive powers are so feeble that they are unable to elaborate even the lightest articles of food, and therefore the wine or brandy may be given simply diluted with water.

I have just alluded to the daily quantity of wine that it may be necessary to prescribe in typhus, and stated that no precise rules can be laid down, as the circumstances of each case must determine it. You are doubtless aware that there is a great tendency in the present day to revive the Brownonian system, which flourished for a time in the latter part of the last century, in all acute diseases, including fevers, without regard to individual peculiarities. The doctrine inculcated by some teachers with respect to inflammation is, that this process being a deranged nutrition, involving supply and waste, and the waste being considerable while the inflammatory process lasts, there must be a compensating supply; that as the supplies for the formation of the abnormal products of pus and lymph must be drawn from the blood, or from the tissues, or from both, the vital powers become exhausted, in proportion to the organic disintegration that takes place. Hence it is concluded, that the more the inflammatory process draws upon the blood, the greater will be the exhaustion of vital force, and the consequent effect upon the whole frame.

Upon this physiological theory of the phenomena of inflammation is based the overthrow of established therapeutic principles, on which the treatment has been for ages conducted. But surely even the abettors of this theoretical view must admit that the object of treatment is to anticipate or prevent those so-called destructive processes; in other words, to promote resolution by all available means. Is this to be accomplished by extravagant doses of wine and brandy, regardless of the ever-varying condition of the sufferer or period of the disease?

Similar reasoning is adduced in regard to the phenomena of fevers, whatever be their type or special circumstances. It is against the indiscriminate employment of stimulants in fever that we protest, being convinced that their proper administration requires as much consideration as is generally bestowed on other measures employed as curative agents.

The enormous quantities of wine and brandy recommended in even the early stage of fevers, whatever be the form, the individual circumstances, or whether there be local affections present, have often surprised me, and inclined me to doubt the accuracy of the statements. I have certainly seen intercurrent inflammations materially aggravated by the injudicious stimu-

lation adopted, and on more than one occasion all the ordinary characters of acute delirium tremens supervene when the unlimited administration of brandy had been left to the discretion of a nurse, who fancied that she was only obeying instructions when she poured down dose after dose of pure brandy. There is surely no practical philosophy in such indiscriminate abuse of a really valuable remedy when given on rational principles; and I deem it the duty of every physician who is convinced of the dangerous tendency of the Brownonian doctrine applied indiscriminately in the treatment of diseases, acute as well as chronic, to express his opinion boldly and decidedly, that the young and inexperienced practitioner may be warned of the dangerous consequences of this recently-revived doctrine.

In regard to the class of wines best suited for fevers, claret often answers well, and may be employed, unless a more powerful stimulant be required. With most patients it suits well to commence with, and mixed with water is a grateful beverage. It has also the advantage of being less stimulating, and more likely to suit in cases in which the employment of wine is doubtful. The stronger wines,—port, sherry, or madeira,—properly diluted, are, however, generally preferred. Brandy is often very useful, especially when a more powerful stimulant is indicated, or when wine is either not relished or disagrees. In hospital practice, for obvious reasons, alcoholic fluids—gin, whiskey, British brandy (which is merely malt spirit disguised by colouring matter)—are generally prescribed.

In the Fever Hospital, Cape wine, of the best quality, and British brandy, are used.

Malt liquors are sometimes employed; but they are suited only to the stage of convalescence. When, however, the patient has a desire for them, from having been previously accustomed to their use as an article of diet, they may be allowed in addition to wine or spirits.

It is necessary, in many cases, to calm the nervous system; and this brings me to the consideration of the exhibition of narcotics, from the judicious employment of which so much benefit is occasionally derived.

Wakefulness, or want of sleep, so common in typhus, requires the employment of opiates; for nothing is more exhausting than two or three nights passed without sleep. Of the different remedies of this class, experience has led me to give the preference to opium, or its alkaloids; but I generally succeed with a much smaller dose than is usually prescribed,—with, perhaps, ten or twelve drops of Battley's laudanum, or of the liquor morphiæ,—repeating the same quantity every two or three hours until sleep is procured. But we ought to proceed on sure grounds, and if there be undue vascular excitement, indicated by headache, acute delirium, flushing and conjunctival injection, the narcotic must be postponed until the symptoms are subdued. In my last lecture I alluded to the beneficial effects of a combination of tartar emetic and laudanum in the cerebral affections of enteric fever, and need not do more, in the present instance, than state, that it answers equally well under the same circumstances in typhus, at the same time administering, in the severer forms, which so closely resemble delirium tremens, wine or brandy in such quantities and at such intervals as the case requires.

Though opium generally acts better than any other of the narcotic class, it disagrees with some patients; and when such idiosyncrasy occurs, we must give a trial to some other remedy of the narcotic class, such as henbane, extract of poppy, or Hoffmann's anodyne liquor. Some speak highly in favour of the extract of belladonna as a narcotic when the pupil is so contracted as to be thought to contra-indicate the employment of opium; but I have no experience of it. I have often observed, however, that when patients, or those around them, have intimated that opium disagrees, if given by enema, it acts like a charm in soothing the nervous system and promoting sleep, concealing, of course, that opium is administered. Twenty or twenty-five drops of laudanum, added to three or four ounces of any bland fluid, is often sufficient, and is, in many cases, a preferable mode of administering an opiate.

As to the repetition of opiates, I would observe, that when the purpose for which they have been given has been accomplished, the remedy need not be repeated, unless the same circumstances recur. The remedy, however, should always be at hand to be administered if necessary.

In no disease are the beneficial effects of blisters more satisfactory than in these severe cerebral affections. But we must be careful not to apply them if there be subacute inflammation going on. When this is subdued, the blister may be applied to the forehead and the temples, which is preferable to blistering the nape of the neck, in which situation vesication is often attended with much discomfort from the constant friction to which the surface is exposed.

In the pulmonary affections to which I shortly adverted in a former lecture,—whether they assume the form of bronchitis, pneumonia, or, more rarely, of pleurisy,—special local treatment becomes necessary. But it must be remembered that not only is the local malady itself of a low or asthenic character, but the general or constitutional powers are depressed, and, consequently, active remedies not only fail in their object, but tend still further to lower the strength. Counter-irritation of the chest by turpentine stupes, or sinapisms, or the application of a blister, often gives marked relief. The secretion of the pulmonary membrane should at the same time be promoted by antimony or ipecacuan, while the general powers are sustained by wine and nourishment.

The management of the convalescent stage of typhus is not unimportant, though often neglected. Much benefit is derived from various remedies of the tonic class—quinine especially, or some bitter infusion, such as that of cascarilla, calumba, or gentian, to either of which the compound spirit of ammonia may be usefully added. The diet should be light and nutritious, and suited to the digestive powers of the patient, and it is always proper to make careful inquiry into the previous state of the assimilating powers, in order that a suitable dietetic plan may be laid down. No general rules can be given, as each case must be regulated by its own peculiarities, and if due care be observed in eliciting these, there will be seldom great difficulty in adapting the details.

TREATMENT OF RELAPSING OR RECURRENT FEVER.

When I described the characteristic features of this comparatively rare and somewhat singular form of fever, I mentioned that it occasionally constituted the character of an entire epidemic. It more commonly appears as an intercurrent disease during the prevalence of an epidemic of either enteric or typhus fever, and requires, in some respects, special treatment.

In the epidemic which appeared in Edinburgh in 1817 and 1818, and of which a description was given by Dr. Welsh, he expressed great confidence in the efficacy of copious bloodletting, and his apparent success has furnished the chief argument employed by those who support the change-of-type theory in explanation of the altered views of the treatment of fevers. I had the opportunity of witnessing this epidemic, and the bold treatment it received at the hands of Dr. Welsh, and though it appeared, on the whole, successful, I am satisfied that it was carried to a much greater extent than the symptoms required; indeed I am almost disposed to think that the issue would have been equally successful had bloodletting not been practised at all, for succeeding practitioners have found that the loss of blood was not only unnecessary, but could not be sustained in subsequent visitations of the same fever. Dr. Cormack, for example, in the description he has given of the epidemic relapsing fever which prevailed at Edinburgh in 1843, tells us that he was urged to adopt bloodletting by several medical friends, who had seen the disease treated, in 1817, by copious bleedings, and, as it appeared to them, with the effect of shortening its duration, preventing relapse, and mitigating the muscular and arthritic pain. In the trials he made, however, he found that although in most, if not in all the instances in which bloodletting was resorted to, the pain in the head was either relieved or entirely removed for a time, and the pulse rendered more soft and slow, these beneficial changes could not be entirely ascribed to the remedy, since the same relief was observed to take place as suddenly and unequivocally in patients in the same wards, and with the same symptoms, who were not bled at all. It was evident that few could bear the loss of more than ten ounces, and that others became giddy and faint after two or three only had been abstracted; and though some of the patients declared that they felt quite free from headache after the bleeding, it returned soon after with its former severity. Indeed, this symptom often ceased spontaneously, or, at all events, was more uniformly and effectually relieved after the full operation of a purgative, followed by the application of a cold lotion to the scalp, and immersing the feet in warm water. Even the local abstraction of blood appeared of doubtful efficacy.

In the cases that have come under my individual observation, I saw no indication for employing venesection, but I trusted to moderately free action on the bowels in the young and vigorous, though caution, even in the employment of purgatives, was necessary in patients who were advanced in years, as well as in those whose powers were feeble. The exhibition of one or two doses of calomel and rhubarb at night,

followed by castor oil or a neutral salt in the morning, so as to clear out the bowels effectually, was generally followed by relief of the symptoms, a gentle action on the bowels being afterwards maintained by mild laxatives. Free action of the bowels having been procured, there was little necessity for other remedies. Thirst was appeased by any of the common beverages; or if it were necessary to show that the patient was not neglected, the saline alkaline julep, or a mixture containing a few grains of bicarbonate of potash in camphor water, was prescribed at intervals. The diet was restricted to farinaceous matters and beef-tea; in short, the ordinary treatment of mild fever was, in its routine details, adopted.

For the vomiting, so frequent in the course of the disease,—often, indeed, an early symptom in the primary fever, as well as in the relapse,—the application of a sinapism or turpentine stupe to the epigastrium, followed by a pill containing opium, camphor, and extract of nux vomica, repeated at short intervals, or creasote or prussic acid, alone or in combination, was employed. The opiate enema, or the introduction of solid opium as a suppository, also controlled this symptom.

In severe and persistent headache, accompanied by pulsation in the temporal and carotid arteries, and flushing of the face, it may be necessary to relieve these symptoms by cupping and cold applications to the head. If bronchitis, pleurisy, or pneumonia supervene with unimpaired powers, the local abstraction of blood by cupping, followed by the administration of a pill containing calomel, opium, and James's powder at suitable intervals, with turpentine fomentations to the affected side, comprise the measures best adapted to the pulmonary complications.

In the cases accompanied by jaundice and hepatic or splenic dulness, the moderate exhibition of mercury is the best remedy, with the application of a blister or turpentine over the affected region. It is unnecessary to push the mercury far, so that it should be withdrawn on the first appearance of its action on the salivary glands, and the iodide of potash in a bitter infusion substituted.

Muscular and arthritic pain, when severe, often causes great irritability and want of sleep. This symptom is generally relieved by a combination of calomel, Dover's powder, and extract of colchicum, given at bedtime, and repeated, if necessary, in smaller doses during the day. In less severe cases, the iodide of potassium, especially if combined with a small quantity of colchicum, answers extremely well.

When the symptoms assume an adynamic character, indicated by rapid, weak, compressible pulse, cool, clammy, jaundiced skin, bilious vomiting, delirium, followed by more or less deep coma, powerful stimulants, such as ammonia and chloric ether, and the liberal administration of wine and brandy, must be perseveringly given; while external stimulation is had recourse to by means of blisters applied to the neighbourhood of the head, and over the region of the heart. The same measures must be resorted to if sudden collapse supervene, which not unfrequently happens in persons advanced in years, whose powers are inadequate to struggle against an acute disease in which so many organs essential to life are implicated. In short, the various anomalies must be treated on general principles, and in determining and carrying them out much judgment and tact may be often required.

When alluding to the nature of this form of fever,—the relapsing,—I stated my opinion that it had, in many respects, a great resemblance to the periodic class; and from the attempts that have been made to anticipate or prevent the secondary fever by giving antiperiodic remedies, this idea must have occurred to others. With this view the cinchona bark, or its alkaloid quinine, has been given in the apyrexial period; but though I have prescribed it myself, and seen it ordered by others, I cannot say that it has any apparent influence in preventing the relapse. It is, no doubt, useful as a general tonic, and should, therefore, form part of the treatment of the apyrexial stage; but, certainly, no confidence should be placed in it beyond its tonic properties. Arsenic—another remedy of the antiperiodic kind—has been tried with the same object, but has equally failed in arresting the secondary fever.

It would, therefore, appear that the analogy between the relapsing and periodic fevers is confined to a certain resemblance in some of its features only; for it appears neither to arise from the same causes or poison, nor to be influenced by those remedies which are almost invariably successful in the treatment of malarious fevers. It is equally clear that relapsing fever differs, in many respects, from either enteric or typhus fever, not only in symptoms and progress, but in its exciting causes or origin, as well as its comparative small death-rate. It is, therefore, in every respect, a disease *sui generis*, and interesting as an occasional, though by no means new, form of fever.

TREATMENT OF FEBRICULA.

This disease, which appears to include the milder forms of either enteric or typhus fever,—for I have seen no reason to consider it a distinct form of fever,—runs its course in a few days without special treatment beyond confinement to bed, regulation of the bowels, and diet. But if these precautions be disregarded, it is possible that a more formidable disease may be kindled—possibly an acute local disease, requiring appropriate management. Hence the necessity of enforcing care in any form of febrile ailment, however apparently mild.

(To be concluded.)

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

THE TREATMENT OF DELIRIUM TREMENS.

THE patient, a cabman, aged about thirty-three, long addicted to hard drinking, and now in the fourth or fifth day of his third attack of delirium tremens, affords a good illustration of some practical points in the cure of this dangerous malady.

His face is wild, flushed, and perspiring, and his noisy struggling delirium, which has been incessant during the twenty hours now past since his admission, evidently, from his language, swarms with the delusions incident to this state. Amongst these may perhaps be included that of expecting us to know all his symptoms, without any observation or inquiry, every approach to which he treats as an insult.

However, we want little oral information. His pulse, though very quick (120), is wiry rather than feeble. His epigastrium is tender. His tongue, dry and furred, with red edges, is very tremulous. These facts, taken with those just stated, and the circumstance that his present attack winds up a tolerably continuous debauch of some ten days' duration, afford a clue to what will probably be a successful plan of treatment.

Opium and the "habitual stimulus" are usually regarded as the specifics for this malady. Confessing their frequent value, I would warn you against any but their casual and deliberate use. In other words, apart from some special risks occasionally contra-indicating them in even moderate doses, in this as well as some allied states in which they would otherwise be demanded, there seem to me great perils from their copious administration as a matter of routine.

Let us try to reason out the therapeutics of the malady. How do people die of uncomplicated delirium tremens? Generally, I make bold to say, of exhaustion. And what exhausts them? The perpetual delusions, ravings, shoutings, movements, of this state. It is a most invidious analogy to offer; but I venture to say that anyone who has ever spoken in public for one hour together, would, if he multiplied that hour by the factor requisite to bring it up to the many days sometimes passed in vociferous delirium by a patient, quite understand the perilous degree of exhaustion necessarily present. Besides, the morbid impressions are scarcely less injurious and fatiguing than the actions of the delirious state. Sensation, if varied and intense enough, is very hard work for the nervous system. Everyone who has ever foolishly attempted to "do" a gallery of pictures must allow that it is easy to tire out the brain through the eyes in a very short time.

The first indication of treatment, then, is to prevent exhaustion; and in fulfilment of this, there is much to do and to avoid. A comfortable room, preferably well lit as well as aired; a good nurse, with quiet, decisive, fearless manners; an absence of all that is likely to excite and irritate—if possible, that is, a separate ward. Above all, no mechanical restraint.

This prohibition cannot be too stringently enforced. No matter to what degree reason may be degraded or dethroned, the delirious patient always seems sensible of the debasement and brutality implied by straps and bands. If one nurse could not restrain a patient, I should call in two, or ask for the further

assistance (always generously given) of any or every convalescent in the hospital. But I should never strap or tie down a patient, however delirious. I suppose, in the last seventeen years, I have seen and treated a fair proportion of such cases. But though I have once or twice walked up to a raging patient whom nobody had for hours dared to approach, to loosen his bonds, I never had occasion to regret it. Indeed, I have always found that the more limited, temporary, and casual that graduated restraint of the patient which the hands of others afford, the better. Watching and persuasion generally suffice.

The same indication, again, dictates the drugs to be administered. That there are instances in which a delirious patient, exhausted by long habits of tippling, or prostrate under some independent disease or injury, is best treated by the stimulus he has latterly been deprived of, I do not deny.

The subject of our observations, however, not only illustrates the golden rule of Practical Physic,—to treat the case, rather than the malady, and to avoid giving such and such drugs merely because the disease is diagnosed to be so and so,—but represents, I think, that common and important variety of delirium tremens in which this routine treatment is specially to be avoided.

In plain English, when a patient comes to me with delirium tremens as the climax of a long debauch, I generally find that this state is modified by two other circumstances. He *is* more or less drunk, on the one hand; he *has* more or less gastritis, on the other. His furred tongue, his tender epigastrium, the nausea (or even vomiting) occasionally noticed, are, doubtless, associated with a condition which I have verified after death in the gastric mucous membrane—a firm, white, condensation of the cell-growth, and a deep congestion of the subjacent vessels, such as, for want of a better term, we may roughly call "inflammation."

Both of these circumstances prohibit the administration of alcohol and opium in their ordinary forms and doses. To what purpose, when a man is already raving drunk, should we give additional quantities of the poison which has made, and is keeping, him so? What, again, will opium often do, save increase this drunkenness? Combined with alcohol, opium is, for most races and idiosyncrasies, a stimulant rather than a sedative. Indeed, even when taken alone, opium often acts as a stimulant upon the Malay, the Turk, the Hindoo—aye, and on many an Englishman quite unaccustomed to its use. And I am sure that, given in any but the most overpowering or dangerous doses, it oftener increases than lessens the ravings of the delirious patient; while it certainly so far obscures the symptoms, that after its sufficient (i. e., copious) administration, you must often remain in doubt whether the patient dozes because he is half poisoned, or because he is half cured.

Furthermore, as respects the gastric lesion, what, in the name of common sense, are large doses of alcohol to do? To increase inflammation; to add fuel to the fire; to constitute an additional source of the pain, fever, delirium, sleeplessness, which gastric irritation alone amply suffices to provoke? Thus much at any rate might be alleged, that their supposed benefits could hardly be deduced or explained by Rational Medicine, unless it were presumed that, in this instance, the general effects of alcohol counterpoised that aggravation of the local injuries which its introduction into the stomach would necessarily provoke. But to this generally beneficial effect we have already demurred; so that we need hardly point out that, granting it useful in this way, there could scarcely be a more clumsy, ineffectual, and dangerous mode of administering it, than by pouring it, in large quantities and a concentrated form, into an inflamed organ itself essential to life.

Much might, I think, be said for emetics and cold affusion in well-chosen cases of this kind. But in this instance neither of these two measures seems necessary. Two special attendants; a separate ward; a full dose (fifteen minims) of ipecacuan wine, with a little (seven minims) laudanum, and (ten minims) chloric ether, well diluted, every three or four hours; some three or four ounces of brandy, largely diluted, in the twenty-four hours; and mustard poultices to the epigastrium, are all that we need now order. A mutton chop, to be taken as soon as he wakes from his first sleep, completes the prescription.

The action of ipecacuan, thus guarded and combined, I will not now dwell upon, further than to say that it seems to effect a twofold benefit: to allay cerebral congestion and excitement, on the one hand; and to provoke gastric and intestinal secretion, on the other.

[The patient became gradually calmer, and in twelve hours fell asleep. The next day he was quiet and rational. Under full diet and stout, with bark, he recovered so rapidly as to leave the hospital, cured, in five days.]

ON A

CASE OF FRACTURE OF THE SUPERIOR MAXILLA AND ITS TREATMENT.

BY JAMES SALTER, M.B., F.L.S.,
SURGEON-DENTIST TO GUY'S HOSPITAL.

I HAVE thought that the profession might be interested in the particulars of a case of fracture of the superior maxilla, in which I adopted an unusual and, as far as I know, a new mode of treatment.

My patient was a young gentleman, the son of a clergyman in Berkshire. On Saturday, April 17th, 1859, while playing cricket, he was rushing with great impetuosity to catch a ball, when one of his companions, not perceiving him, ran forwards with a similar object, and they came into violent collision, my patient receiving a blow from his fellow-cricketer's forehead on the upper jaw, immediately below the right malar bone. A distinguished general practitioner in the neighbourhood was at once consulted, and he found, upon examination, that a fracture of the maxilla had occurred, driving inwards the two right upper pre-molar teeth and first molar, with their containing alveoli.

On the 19th of April, his professional attendant brought his patient to me for consultation, as some difficulties had occurred in the treatment of the case. The condition of the patient when I saw him was as follows:—A fracture of the jaw had occurred immediately behind the canine tooth, apparently passing vertically up to about the summit of the fangs of the pre-molars, and then extending at right angles horizontally backwards nearly, if not quite, to the posterior extremity of the bone. The anterior portion of the fractured bone was driven inwards upon the roof of the mouth to the extent of about the third of an inch; while the second molar tooth, implanted in the posterior portion, remained unmoved, the broken bone being, as it were, a radius, of which the second molar tooth was the fixed axis. The projection of bone into the roof of the mouth led to a corresponding depression on the outer side of the jaw, and this was somewhat apparent also on the face. Very little swelling had occurred, nor was much pain felt, except on manipulation. There was, however, considerable inconvenience experienced from the fact that the displaced teeth no longer opposed their fellows in the lower jaw by a normal "bite;" the cusps of the teeth, instead of interlocking with their inferior opponents, met them more or less on the points, and the mouth could not be satisfactorily closed.

On endeavouring to force the displaced bone into its proper situation, considerable pain was produced; it could not be got thoroughly into position, and when the pressure was removed the bone almost immediately resumed its former direction—projecting inwards. During this manipulation distinct crepitus could be felt.

To meet what appeared to me the requirements of this case, I adopted the following plan of treatment:—I prepared a gold plate to fit the interior of the mouth, so as to hold the displaced portion of bone as much as possible in position, thus far acting in every sense as a splint, but with the additional advantage that it was capable of repeated alterations from time to time so as still further to force outwards the inward projecting bone and teeth, as the patient could bear the pressure. I first took an accurate model of the mouth, and upon this the plate or splint, whichever it may be called, was constructed, embracing two of the firm teeth on the left side—namely, the first molar and second bicuspid; then, passing over the palate behind the incisors and canines, it was made to bear on the right side against the displaced teeth and bone, extending still further backwards and surrounding by a wire the second molar tooth, which had not been displaced. The plate was so constructed that it exercised pressure only on the bone and teeth which were displaced, and in an amount in proportion to the displacement—most upon the front of the broken bone and the first bicuspid, less upon the second bicuspid, and still less upon the first molar. In the accompany-

followed by castor oil or a neutral salt in the morning, so as to clear out the bowels effectually, was generally followed by relief of the symptoms, a gentle action on the bowels being afterwards maintained by mild laxatives. Free action of the bowels having been procured, there was little necessity for other remedies. Thirst was appeased by any of the common beverages; or if it were necessary to show that the patient was not neglected, the saline alkaline julep, or a mixture containing a few grains of bicarbonate of potash in camphor water, was prescribed at intervals. The diet was restricted to farinaceous matters and beef-tea; in short, the ordinary treatment of mild fever was, in its routine details, adopted.

For the vomiting, so frequent in the course of the disease,—often, indeed, an early symptom in the primary fever, as well as in the relapse,—the application of a sinapism or turpentine stupe to the epigastrium, followed by a pill containing opium, camphor, and extract of nux vomica, repeated at short intervals, or creasote or prussic acid, alone or in combination, was employed. The opiate enema, or the introduction of solid opium as a suppository, also controlled this symptom.

In severe and persistent headache, accompanied by pulsation in the temporal and carotid arteries, and flushing of the face, it may be necessary to relieve these symptoms by cupping and cold applications to the head. If bronchitis, pleurisy, or pneumonia supervene with unimpaired powers, the local abstraction of blood by cupping, followed by the administration of a pill containing calomel, opium, and James's powder at suitable intervals, with turpentine fomentations to the affected side, comprise the measures best adapted to the pulmonary complications.

In the cases accompanied by jaundice and hepatic or splenic dulness, the moderate exhibition of mercury is the best remedy, with the application of a blister or turpentine over the affected region. It is unnecessary to push the mercury far, so that it should be withdrawn on the first appearance of its action on the salivary glands, and the iodide of potash in a bitter infusion substituted.

Muscular and arthritic pain, when severe, often causes great irritability and want of sleep. This symptom is generally relieved by a combination of calomel, Dover's powder, and extract of colchicum, given at bedtime, and repeated, if necessary, in smaller doses during the day. In less severe cases, the iodide of potassium, especially if combined with a small quantity of colchicum, answers extremely well.

When the symptoms assume an adynamic character, indicated by rapid, weak, compressible pulse, cool, clammy, jaundiced skin, bilious vomiting, delirium, followed by more or less deep coma, powerful stimulants, such as ammonia and chloric ether, and the liberal administration of wine and brandy, must be perseveringly given; while external stimulation is had recourse to by means of blisters applied to the neighbourhood of the head, and over the region of the heart. The same measures must be resorted to if sudden collapse supervene, which not unfrequently happens in persons advanced in years, whose powers are inadequate to struggle against an acute disease in which so many organs essential to life are implicated. In short, the various anomalies must be treated on general principles, and in determining and carrying them out much judgment and tact may be often required.

When alluding to the nature of this form of fever,—the relapsing,—I stated my opinion that it had, in many respects, a great resemblance to the periodic class; and from the attempts that have been made to anticipate or prevent the secondary fever by giving antiperiodic remedies, this idea must have occurred to others. With this view the cinchona bark, or its alkaloid quinine, has been given in the apyrexial period; but though I have prescribed it myself, and seen it ordered by others, I cannot say that it has any apparent influence in preventing the relapse. It is, no doubt, useful as a general tonic, and should, therefore, form part of the treatment of the apyrexial stage; but, certainly, no confidence should be placed in it beyond its tonic properties. Arsenic—another remedy of the antiperiodic kind—has been tried with the same object, but has equally failed in arresting the secondary fever.

It would, therefore, appear that the analogy between the relapsing and periodic fevers is confined to a certain resemblance in some of its features only; for it appears neither to arise from the same causes or poison, nor to be influenced by those remedies which are almost invariably successful in the treatment of malarious fevers. It is equally clear that relapsing fever differs, in many respects, from either enteric or typhus fever, not only in symptoms and progress, but in its exciting causes or origin, as well as its comparative small death-rate. It is, therefore, in every respect, a disease *sui generis*, and interesting as an occasional, though by no means new, form of fever.

TREATMENT OF FEBRICULA.

This disease, which appears to include the milder forms of either enteric or typhus fever,—for I have seen no reason to consider it a distinct form of fever,—runs its course in a few days without special treatment beyond confinement to bed, regulation of the bowels, and diet. But if these precautions be disregarded, it is possible that a more formidable disease may be kindled—possibly an acute local disease, requiring appropriate management. Hence the necessity of enforcing care in any form of febrile ailment, however apparently mild.

(To be concluded.)

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

THE TREATMENT OF DELIRIUM TREMENS.

THE patient, a cabman, aged about thirty-three, long addicted to hard drinking, and now in the fourth or fifth day of his third attack of delirium tremens, affords a good illustration of some practical points in the cure of this dangerous malady.

His face is wild, flushed, and perspiring, and his noisy struggling delirium, which has been incessant during the twenty hours now past since his admission, evidently, from his language, swarms with the delusions incident to this state. Amongst these may perhaps be included that of expecting us to know all his symptoms, without any observation or inquiry, every approach to which he treats as an insult.

However, we want little oral information. His pulse, though very quick (120), is wiry rather than feeble. His epigastrium is tender. His tongue, dry and furred, with red edges, is very tremulous. These facts, taken with those just stated, and the circumstance that his present attack winds up a tolerably continuous debauch of some ten days' duration, afford a clue to what will probably be a successful plan of treatment.

Opium and the "habitual stimulus" are usually regarded as the specifics for this malady. Confessing their frequent value, I would warn you against any but their casual and deliberate use. In other words, apart from some special risks occasionally contra-indicating them in even moderate doses, in this as well as some allied states in which they would otherwise be demanded, there seem to me great perils from their copious administration as a matter of routine.

Let us try to reason out the therapeutics of the malady. How do people die of uncomplicated delirium tremens? Generally, I make bold to say, of exhaustion. And what exhausts them? The perpetual delusions, ravings, shoutings, movements, of this state. It is a most invidious analogy to offer; but I venture to say that anyone who has ever spoken in public for one hour together, would, if he multiplied that hour by the factor requisite to bring it up to the many days sometimes passed in vociferous delirium by a patient, quite understand the perilous degree of exhaustion necessarily present. Besides, the morbid impressions are scarcely less injurious and fatiguing than the actions of the delirious state. Sensation, if varied and intense enough, is very hard work for the nervous system. Everyone who has ever foolishly attempted to "do" a gallery of pictures must allow that it is easy to tire out the brain through the eyes in a very short time.

The first indication of treatment, then, is to prevent exhaustion; and in fulfilment of this, there is much to do and to avoid. A comfortable room, preferably well lit as well as aired; a good nurse, with quiet, decisive, fearless manners; an absence of all that is likely to excite and irritate—if possible, that is, a separate ward. Above all, no mechanical restraint.

This prohibition cannot be too stringently enforced. No matter to what degree reason may be degraded or dethroned, the delirious patient always seems sensible of the debasement and brutality implied by straps and bands. If one nurse could not restrain a patient, I should call in two, or ask for the further

assistance (always generously given) of any or every convalescent in the hospital. But I should never strap or tie down a patient, however delirious. I suppose, in the last seventeen years, I have seen and treated a fair proportion of such cases. But though I have once or twice walked up to a raging patient whom nobody had for hours dared to approach, to loosen his bonds, I never had occasion to regret it. Indeed, I have always found that the more limited, temporary, and casual that graduated restraint of the patient which the hands of others afford, the better. Watching and persuasion generally suffice.

The same indication, again, dictates the drugs to be administered. That there are instances in which a delirious patient, exhausted by long habits of tippling, or prostrate under some independent disease or injury, is best treated by the stimulus he has latterly been deprived of, I do not deny.

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ing illustration the relative displacement of the several teeth will be seen (Fig. 1); in the figure of the plate, or splint, the points occupied by the first and second bicuspids and the first molar are respectively indicated by the letters *a*, *b*, *c* (Fig. 2).

FIG. 1.

Drawing from the plaster cast of the upper jaw, inverted.

FIG. 2.

Illustration of the gold plate or splint; *a*, *b*, and *c* corresponding to the first and second pre-molars and first molar respectively.

The accident occurred on the 17th April; I first saw my patient on the 19th, and on the 23rd the apparatus was applied. When the plate was first put on it was very tight, and produced considerable pressure on the inner side of the fractured bone, causing, however, a sense of tension rather than pain. In a few hours this feeling passed off, and when, four days after, I next saw my patient, I found the position of the parts very much improved. This improvement was followed up, and still more advanced by altering the plate—making it wider, and by adding portions of gold within the crescentic excavations that received the teeth. From this date, the 27th April, my patient visited me about once a week, the plate having in that time ceased to produce any pressure, or exercise any influence requiring further alterations, till the 2nd June, when, as I find from my notes, the maxillary arch was completely restored to its proper shape.

After this the plate was worn for many months—longer, I think, than was required, the patient getting used to it, liking it, and feeling it a comfort and support. I cannot, therefore, name the precise date when osseous union may be said to have taken place, but it has taken place, retaining the fractured bone in a proper position.

I do not see what other method of treatment could have succeeded in this case. Probably, had no mechanical support been employed, the already-existing obliquity of the teeth would have been increased by the pressure of mastication, and certainly could not have been diminished; but by the means adopted, stability of the detached bone was secured, and its position gradually and progressively improved, till it assumed almost, if not quite, its original place.

As it seems to me, important as this mode of treating a fracture of the *upper* jaw may occasionally become, the same principle as applied to the *lower* jaw is of still greater service. Any displacement that accompanies fracture of the superior maxilla is simply a passive condition: there are no muscles attached to the upper jaw which can derange or draw out of place the broken bone. With the lower jaw, however, the case is very different. The inferior maxilla is a floating bone, to which many powerful muscles are attached, and those connected with the rotating movement of the jaw—namely, the pterygoids—having a strong lateral antagonistic action. Destroy the integrity of the maxillary arch by fracture, and that antagonism ceases: the muscles on either side act independently, and draw the points to which they are attached more or less to the mesial line, and this it is which causes the overlapping of the fractured ends of the bone, often so obstinate, and necessarily with it the traction of the chin towards the side on which the fracture has occurred in the usual cases, where the lesion is in the horizontal ramus on one side. A plate or splint, and for the lower jaw I prefer an ivory one, carved to fit the interior of the arch of the particular jaw, with small crescentic excavations for the existing teeth, when placed in the mouth, restores the integrity of the arch for the time being. It may be worn without inconvenience long enough to allow osseous union of the fractured ends, preventing displacement the while.

Not long since I was consulted by a professional friend in such a case as this. The fracture had occurred in the horizontal ramus, about the situation of the first molar tooth, and this tooth, as well as the second pre-molar, had long since been extracted, and the usual method of treatment—that of tying together teeth in the neighbourhood of the fracture—could not be resorted to. The displacement of the jaw, and the consequent distortion of the face, were extreme. The fracture had occurred on the right side: the left pterygoid muscles, being no longer resisted by the right, drew over the mass of the bone—the left horizontal ramus, chin, and anterior portion of the right horizontal ramus—towards the right side, and to such an extent that the left lower canine tooth corresponded in position to the interval between the superior central incisors. My friend and myself agreed that the best and most promising plan would be to re-connect the broken and now separate portions of bone by an ivory arch or splint, within the jaw, adapted to its precise form, and attached to the remaining teeth. This plan was adopted with the happiest results, the ivory splint being worn till union had taken place, with scarcely any perceptible malposition of the jaw.

New Broad-street, 1860.

ON THE

PATHOLOGY AND TREATMENT

OF

SCROFULOUS DISEASES OF THE SYNOVIAL MEMBRANE OF JOINTS.

BY RICHARD BARWELL, ESQ., F.R.C.S. (EXAM.),

ASSISTANT-SURGEON TO CHARING-CROSS HOSPITAL.

IT is very difficult, or rather, it should be said, impossible, to understand diseased action in any part unless the ultimate structure and the interstitial action of its tissue be known. This may be said with equal truth of those structures having a special function, the disturbance of which quickly affects the life and health, and of those less studied parts, which serve mechanical purposes. The distinction between the special and connective tissues is most important, not only in histological but also in pathological science; for without a knowledge of the differences between the formation and the actions of these two classes of tissue it is utterly impossible to detect the character of inflammatory disease, the point at which the action aims, the curative tendency, nor the forces which subvert it. In joints we meet only with different examples of the connective tissues—bone, cartilage, synovial, areolar, and fibrous tissues. Thus the study of all diseases of these parts may be said to consist in the whole pathology of connective tissues, which again must be founded on their physiology. A connective tissue may be described, in general terms, as a number of cells still retaining their nuclei, round each or each group of which a quantity of tissue material is collected; the quality of the tissue being derived, not from the contents, size, or shape of the cells, but from the consistence and constitution of the intercellular substance. Thus the cells of cartilage, bone, fibrous and areolar tissue, have probably the same proteine contents, but are surrounded, the one by chondrine in a solid form, the other by lamellated bone material, the third by gelatine in a fibrillated arrangement, and so on.* The func-

* For fuller development of these views, see my paper "On Granulation," &c., in Beale's Archives of Medicine, No. 5.

tion of these tissues is not vital but mechanical; the intercellular substance, therefore, whereon the function depends has no vital constitution, but each district or band is dependent upon its own cell for its support. The nutrition of these tissues is kept up by the selecting and organizing quality; their growth, by the due increase in number; their repair, by more abundant multiplication; their absorption, by excessive generation of the cells.* Thus it is that certain parts of the body—namely, all consisting of connective tissues—are capable of repair by like material through fresh formation of cells, which, by the law of organic descent, develop similar tissues. The means of this repair are very interesting, since they are the simplest form of the inflammatory process; as, for instance, the union of a wound by the second intention, and so on.

If a wound be made beneath the skin of a rabbit, and kept open some time by a seton or other means, the parts around will in two or three days become thickened and hardened; and if this indurated portion, with a good deal of the surrounding tissue, be excised and examined microscopically, the following appearances will be seen:†—Furthest from the track of the seton, the lines between the fibres of the white wavy tissue will be found granular, broad, and with indistinct edges; and a greater number than usual of cells, nuclei, &c., will be seen scattered in the meshes or interstices of the tissue. A little nearer the wound, the fibres themselves and their interspaces become cloudy and obscure, and cropping out of these latter are to be seen groups of cells which are mortared together by a granular material; and in those parts actually in contact with the silk, the fibres become entirely hidden by a dense mass of cells, nuclei, and granules; if the condition be far enough advanced, the fibrous (intercellular) material becomes eaten up by the excessive growth of cells. This, as we know, is the simplest form of the inflammatory process;‡ but even in this, the cells thus generated may go through many different developments: thus, if the seton be continued, many of them will be converted into pus-cells; if the irritation cease, they will become fusiform, and some will be gradually converted into fibre cells; and other changes will take place which we will not enter into here.

Such is the course of an inflammation produced in a healthy constitution by any local injury, whether a wound, blow, or other accident. The action may be primarily acute, and may then become chronic, and, as the irritation ceases, leaves behind a thickened condition—i. e., the cell-growth will have produced a certain amount of new tissue. Certain cachexiæ—the rheumatic and the strumous—have the peculiarity of setting up inflammations without any local provocative, in which the diathesis acts the part of both exciting and predisposing cause. Struma is peculiarly apt to produce such local inflammations of so chronic a character that they hardly possess the usual marks of an inflammatory affection; but the superabundant cell-generation is even more distinct than is ordinarily the case. Thus a scrofulous synovitis is, in its first characteristics, not essentially distinct from another slow inflammation of that tissue; but the difference lies in the indisposition to farther development, as I shall endeavour to explain. If there have been a breach of tissue from a wound, the gap must be filled up by cell-generation, which, in such a case, is called granulation. As long as the patient remains in a good state of health, the older cells—i. e., those of the deeper layers of this formation, assume the fusiform shape, and become gradually converted into cell-fibres, and gradually into the fibrous material which forms the scar; but when the health begins to flag, the granulations do not change in that manner, but the cells remain, as a rule, round, increase unduly, and form those large, flabby, exuberant growths which require repression, caustic, or other means to stimulate them to healthy action, and to keep down their generative tendency. Exactly the same condition is it which distinguishes the healthy from the strumous synovitis. In the former the membrane and the subsynovial areolar tissue generate cells which, if the constitution be good, form new fibrous tissue, causing some thickening, and only to a slight degree interfering with the action of the joint. In the latter, cells also are generated; but, instead of making fibrous tissue, they remain in the form of spongy granulation tissue, and produce that class of disease which Sir Benjamin Brodie has named a "Morbid Change of Structure of the Synovial Membrane," and which has also been called gelatinous degeneration.

Although it is true that this malady is more frequent in the knee than in other joints, it is by no means so limited to that articulation as some authors teach; it is frequent at the elbow or ankle; is not unfrequent at the wrist. It may follow some accident, producing for a time a more rapid inflammation; or it may, and quite as often does, commence as a slow, painless swelling, not attributable to any external cause whatever. The course of the disease is extremely slow, and may advantageously be divided into three stages, each marked by a definite event, and each distinguished by important differences in the sort of cure for which we may hope, and in the end to which treatment must be directed.

(To be continued.)

* See the before-mentioned paper, and that "On Osteitis" in the Med.-Chir. Review, April, 1860.

† Two modes of examination may be chosen, and should if possible be combined: one, to cut the excised portion, previously pinned upon a piece of cork, into halves, with a sharp Valentin's knife, so as to secure a section of the whole tissue, which will not always be easy; the other, to snip off little pieces with scissors at different distances from the centre, and to tease each out gently with needles. Both are to be examined in dilute acetic acid.

‡ See my paper "On Nutrition, Inflammation, &c., of Articular Cartilage," Medico-Chirurgical Review, Oct. 1859.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

WESTMINSTER HOSPITAL.

LATERAL DISLOCATION OF THE KNEE-JOINT, WITH THE FORMATION OF A FOREIGN BODY; SYNOVITIS; RECOVERY.

(Under the care of Mr. HOLTHOUSE.)

WHEN the size and breadth of the knee-joint are taken into consideration, it may be readily understood that dislocation will very seldom happen, unless as the result of direct violence. Of the various displacements which have been noticed, the lateral is the most common, and does not require the same amount of violence to produce it as in the anterior or posterior directions. In certain instances, dislocations have slowly arisen as the result of old-standing disease. This special deformity is one not commonly encountered in hospital practice; but we have recently met with an instance at this hospital, which we put upon record to-day, and we learn that two cases have occurred at Guy's within the past twelve months, under Mr. Poland's care.

Before giving the particulars of the case under the care of Mr. Holthouse, we may draw attention to the following examples of this form of displacement which have already appeared in the pages of this journal. A spontaneous dislocation of the knee in a woman, aged seventy, whose ligaments were in the most lax condition, under Mr. Holt's care at the Westminster Hospital. Similar instances have been recorded by Mr. Stanley in the "Medico-Chirurgical Transactions," (THE LANCET, vol. ii., 1850, p. 654;) compound dislocation of the knee, in a man, aged forty-one, under Mr. Birkett's care, at Guy's Hospital, (ibid, p. 703;) lateral dislocation in a female, aged forty-seven, the result of injury, recorded by Dr. Michael Taylor, of Penrith, (ibid, vol. ii., 1855, p. 51;) lateral dislocation from injury in a labourer, aged fifty-four, under Mr. Gant's care at the Royal Free Hospital, (ibid, vol. i., 1857, p. 553;) partial dislocation of both knees in a female, aged twenty-two, from strumous disease, under Mr. Coote's care at St. Bartholomew's Hospital, (ibid, p. 630;) lateral dislocation, with fracture of the fibula, a case recorded by Mr. Grimes, of Liverpool, (ibid, vol. ii., 1857, p. 30;) and lastly, dislocation of the tibia directly backwards from injury, a case recorded by Mr. Henry Jacobs, of Colney Hatch, (ibid, vol. i., 1858, p. 626.)

The complications which arise in dislocation of the knee are always of more serious import than those of any other articulation; for the laceration of the ligaments, if present even to a moderate extent, is followed by some amount of inflammation, which, in certain constitutions, may lead to the gravest consequences. Under any circumstances, the sufferer has to remain under treatment for a considerable period before strength is restored to the joint.

In the following case, besides the usual laceration of ligamentous structure, there appears to have been the detachment of a portion of bone, or possibly of one of the semilunar cartilages, which for the time became a foreign body. This may give rise to much trouble and inconvenience at a later period. For the present a recovery has been made, with some amount of stiffness and swelling around the joint.

Henry W——, aged forty-seven, coalheaver, was carrying a sack of coals on his back across a plank to a barge, on the 12th of last December, when his foot slipped and he fell backwards. In endeavouring to save himself he injured his left knee-joint, but the exact mode by which the injury occurred he is unable to explain; he only knows that, when he rose from the ground, he was unable to support any weight on the left leg, and he was immediately carried to the hospital. On examination, the house-surgeon (Mr. Clarke) found the tibia dislocated outwards, and reduced it immediately, without the least difficulty, by slight extension and counter-extension made from the leg and thigh. When seen by Mr. Holthouse shortly afterwards, the bones were in position; the joint was somewhat swollen, from the effusion of fluid within the synovial membrane; and there was found a loose angular body, about the size of an almond, occupying the joint, and situated on the inner side of the patella. The patient suffered but little pain, though the joint became rapidly distended with fluid. The limb was put up on a M'Intyre's splint, and lint dipped in an evaporating lotion was applied to the knee.

Dec. 13th.—An opiate was given last night, which procured the patient a good night's rest, and the joint, though much swollen, is not very painful; there is little or no constitutional disturbance. To have a compound senna draught to-morrow morning should the bowels not have acted. He is on middle diet, and takes a pint of porter daily.

16th.—The fluid in the joint is much diminished, and the foreign body is distinctly felt in the same situation; he has no pain, but complains of lowness of spirits. Full diet was ordered, and another pint of porter.

The patient continued to improve, exhibiting no untoward symptom, and on Jan. 14th the splint was removed. The knee, though quite free from inflammation and pain, was somewhat stiff and swollen, the swelling being apparently external to the joint, and preventing the foreign body within from being easily recognised. On Jan. 21st he was allowed to get up and walk about the ward. He complained of nothing but the stiffness of the joint and a general feeling of weakness. Stimulating liniment was directed to be rubbed well into the joint night and morning, and a warm bath prescribed every other day.

March 6th.—Though he has continued using the remedies just mentioned, the joint still remains very stiff, and the soft parts around are swollen and indurated. A blister was ordered to be kept open with savine cerate.

26th.—The blister has now healed, and the joint is somewhat smaller than before its application, though still larger than the other. The movements of flexion and extension are limited, but performed without pain; he walks tolerably with the aid of a stick, and is in fair health. Discharged.

GREAT NORTHERN HOSPITAL.

FOURTEEN STONES IN THE BLADDER OF A MAN, AGED SEVENTY-TWO; LITHOTOMY; UNSUCCESSFUL RESULT.

(Under the care of Mr. PRICE.)

IN a previous number (April 14th) we recorded the history of a case of unusually large stone in the bladder of a boy, which was successfully removed by Mr. Price, and since then another instance has come under our notice, in which we saw as many as fourteen stones removed by him from the bladder of an old man. Now, although the number of calculi was so large, the peculiar shape of the larger ones was even more remarkable. This is well shown in the accompanying woodcut. The largest stone resembled a circular ball, with a number of spines projecting from various parts of its surface, which would naturally give rise to great irritation.

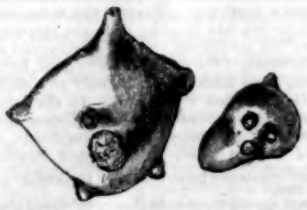
Our readers will recollect an instance recorded on a previous occasion (THE LANCET, vol. i., 1859, p. 586) of a man, aged sixty-nine years, who was admitted in a dying state under Mr. Cock's care at Guy's Hospital. After death, sixteen calculi were found in the bladder, of uniform size, and measuring nearly an inch in diameter.

For the following notes we are indebted to Mr. Wallis, house-surgeon to the Hospital:—

W. A——, aged seventy-two, a healthy-looking old man, who has always, with the exception of the symptoms for which he was admitted, enjoyed remarkably good health, states that about thirty years ago, to use his own expression, he first noticed something coming with his water, attention being drawn to the fact by the invariable experience of pain in the region of the bladder and penis just before and during the time of micturition. This pain was relieved after the bladder was more or less emptied. There was no increased desire for frequent micturition. He was disturbed neither day nor night, except by the pain, which became more severe in proportion as the bladder became more distended. He continued suffering the same pain and symptoms, at times more or less severe, till two years ago, when both considerably increased, and others still more distressing gradually made their appearance. The bladder became more incontinent of urine, and constant pains, shooting down the thighs and about the perinæum, kept him awake at night. At this period he sought surgical aid, and was treated for stricture, wax bougies of a small size being constantly introduced; but these, instead of alleviating the urgent symptoms, rapidly increased them, as the urethra had proved unnaturally sensitive. No sound was ever introduced. He remained for six months under the notice of the surgeon to whom he had first applied; but finding no relief, he discontinued both mechanical and medicinal treatment. Some months elapsed, when he applied to Dr. Chance, who, finding his symptoms were so severe, and apparently beyond the reach of all medicines except palliatives, recommended him to see Mr. Price. At this period the symptoms of stone seemed permanently marked, and a sound was accordingly introduced, when a calculus of large size was readily detected. In a few days he was sounded with still greater care, and the nature of the affection under which he was suffering being more clearly defined, he was recommended to undergo an operation, especially as his life was fast ebbing out, and the pain was daily becoming more unbearable. Lithotrity was for several reasons an inappropriate operation, and accordingly lithotomy was adopted.

On April 5th, the man having been placed under the influence of chloroform by Dr. Anstie, the lateral operation was performed. At the first scoop with the forceps, six or eight small pea-like stones were caught and removed. At the next manipulation of the forceps, six more were taken away, and, at a later stage of the operation, the two calculi represented in the accompanying sketch were extracted. In drawing the larger of these two stones through the prostate, some difficulty was experienced by reason of one or more of the spines which surrounded the calculus catching in the glandular track. There was little or no bleeding, and the patient was removed to bed. He quickly rallied, but did not pass a good night. On the second and third day after the operation, he declared himself better, and was doing well; but, on the evening of the fourth day, he complained of a heavy, dull pain in the hypogastric space. He slept, however, comfortably during the night; little urine passed by the wound; and the next day, retention having occurred, Mr. Price drew off the urine, which was stale, strongly ammoniacal, and rather bloody. Later in the day the instrument was again introduced through the natural passage, and retained in position. At this time the man was much lower, the bowels had lost their natural tone, bed-sores began to form, the wound was sloughy and unhealthy, and the rectum was destroyed at one spot by ulceration. A restless night was passed, and the man died the next day at four P.M. No post-mortem examination was allowed.

The accompanying woodcut represents (somewhat smaller)



the two largest of the fourteen calculi. The larger of the two is not quite spherical, but nearly so; its surface is surmounted with some eight or ten spines, varying from an eighth to nearly a quarter of an inch in length, and an eighth of an inch in thickness, which give to the calculus the appearance of a

spiked shot. The smaller stone has likewise these spikes or spines in the course of formation.

On examining the composition of the calculi, they are *all* found to be composed of lithic acid, which has formed around a nucleus of oxalate of lime or mulberry, and become covered with phosphate of lime and other phosphatic salts—at least the larger ones, the smaller retaining the smooth and glistening appearance of uric acid. On making a section, the above composition was determined, and a commonly-received opinion, that the spines on the larger stone were due to the peculiar crystallization of oxalate of lime, controverted. The spines appear to be wholly composed of lithic acid, and their formation is most beautifully seen on examining the section. It is difficult to arrive at the correct mode or cause of formation of these spines. It is, however, probable that the stones might have remained for long in the pelvis of the kidney, from which undoubtedly they came, although the patient had never suffered from irritation of the kidneys or ureters. It has been suggested that the peculiarity of form is due to the stone being long resident in a vesical pouch; but the readiness with which it was caught shows that such, indeed, if any other proof were wanting, could not be the case.

The two largest calculi are figured, as their peculiar form and condition are more readily perceived.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

DISLOCATION OF THE CRYSTALLINE LENS INTO THE ANTERIOR CHAMBER OF THE EYE DURING A FIT OF SNEEZING; SUCCESSFUL EXTRACTION.

(Under the care of Mr. JABEZ HOGG.)

THROUGH the kindness of Mr. J. J. Skegg, house-surgeon to this hospital, we place upon record the following rare and most interesting case. A violent fit of sneezing appears to have dislocated the crystalline lens into the anterior chamber of the eye, causing subsequent pain of the most agonizing character, which for a time nearly drove the patient out of his mind. A good recovery was made after the extraction. Amongst the causes enumerated by various writers as giving rise to displacement of the lens are, falls on the soles of the feet or on the head, violent blows on the temple or other parts of the head, and direct injury to the globe of the eye. The present case is probably one of the first, if not the first, recorded in which it arose after a fit of sneezing, in an eye disposed to such an accident. The case likewise shows the value of the ophthalmoscope in determining the cause of the indistinct vision in the other eye, which had been previously unsuspected.

A. B——, aged thirty-six, a German, had always been myopic. Two months ago, the sight of the left eye became unusually acute, so much so that objects appeared as though seen through a magnifying-glass, the nose seeming to him very prominent, and thereby causing much discomfort. On the 18th of April he was taking a walk, the sun shining strongly on his face, when suddenly he felt as though blinded in the left eye; he immediately put his hand up and rubbed it. It should be stated that just previous to this he had a violent fit of sneezing. The sight of the eye was not lost, but he became very near-sighted. He was seen by Dr. Grasemann soon after the accident, and by his advice he consulted Mr. Hogg. The lens was distinctly seen in the anterior chamber, and had a most beautiful appearance. Mr. Hogg recommended the pupil to be kept dilated by atropine, and the patient to remain in the recumbent position; but, however, he would not consent to the confinement. On the 26th of April inflammation set in, with photophobia, and the night was one of most intense suffering, so much so that he attempted to jump out of the window. Leeches were applied to the temple, morphia taken in large doses, and subsequently chloroform administered, but without alleviation of the extreme pain. On the 27th, nine days after the accident, he was admitted into the hospital, when Mr. Hogg extracted the lens under chloroform. The operation was obliged to be very quickly performed, as the anæsthetic produced very alarming symptoms. At seven P.M. he was comfortable and free from pain.

April 28th.—Had a good night, without the administration of an opiate.

29th.—Still remains easy and free from pain.

30th.—Did not pass quite such a good night, but on the whole he is going on well.

May 4th.—To-day the eye was opened, and found to be progressing favourably.

11th.—A small piece of the iris has cicatrized in the wound of the cornea. To be gently touched with the nitrate of silver, and a drop of sweet oil applied to the eye afterwards. The sight remains very good.

13th.—Being very anxious to go out, he was discharged, and has since quite recovered.

The lens, after extraction, was perfect and transparent, apparently uninjured, except in form. When the eye was first examined—that is, two days after the accident—neither the vessels of the retina nor of the choroid were changed, or in any way congested. The lens, in the anterior chamber, pressed upon the iris, producing considerable concavity, and, acting as a foreign body, was the cause of the ciliary neurosis and torturing pain. It should be mentioned that the sight of both eyes, more especially that of the right, had been weak for several years, for which he had consulted more than one ophthalmic surgeon in his own country; but, until he was examined with the ophthalmoscope by Mr. Hogg, he was not aware that one-half of the lens in the right eye was opaque; consequently, he could only see through the crescentic half of the lens on the nasal side; and this at some future time will require extraction.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 6TH, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

HYDATIDIFORM BODIES FROM THE UTERUS.

DR. ROUTH exhibited a specimen of hydatidiform bodies from the uterus. The history of the case was as follows:—Mrs. B——, aged thirty-five, a laundress, consulted Dr. Routh on the 22nd of March, suffering from menorrhagia, with slight procidentia. She had weaned her child on the 15th of July last, on the day preceding which the catamenia occurred. They did not again recur till the beginning of October. She, however, believed herself pregnant. The discharge persisted, off and on, till the time when she sought advice, never ceasing for longer than four days at a time. On the 1st of May she was examined: diagnosis—a blighted ovum of two or three months. She miscarried the next day, Dr. Clark, of Adelaide-terrace, Notting-hill, attending her. There was a good deal of hæmorrhage. A large number of hydatidiform bodies escaped during the miscarriage; and a considerable number were found, as usual, attached by small pedicles to the membranes; these were of a pinkish hue, and contained an albuminous fluid of an acid nature. The case did well.

ENORMOUS FIBROUS TUMOUR OF THE UTERUS.

Dr. GRAILY HEWITT exhibited, for Dr. R. Uvedale West, of Alford, a very large fibrous tumour connected with the uterus. The patient, a married woman, aged fifty-three, died from hæmorrhage. The tumour had existed for nine or ten years. Menstruation had been profuse, though somewhat irregular, up to a year ago, when it ceased. The tumour, connected, but not very intimately, with the cervical part of the uterus, and of an irregularly globular shape, measured forty-two inches in circumference, and sixteen in diameter; it weighed forty-two pounds. On examining the tumour, Dr. Graily Hewitt had ascertained that its structure was that ordinarily found in fibrous growths connected with the uterus. The vagina appeared to have been drawn upwards and narrowed considerably, so much so that the os uteri could not be reached by the finger. It seemed probable that the fatal hæmorrhage resulted from rupture of one of the very large vessels which passed into the pedicle of the tumour, and which lay close to the vaginal wall.

Dr. GRAILY HEWITT also exhibited two other specimens of Fibrous Tumour of the Uterus, in each of which several tumours were attached to the uterus by pedicles of varying length. These latter specimens were exhibited for the purpose of showing the extent to which tumours originating in the uterus were occasionally separated from that viscus.

A DESCRIPTION OF TWO FŒTAL MONSTERS.

BY T. H. TANNER, M.D.,
ASSISTANT-PHYSICIAN FOR THE DISEASES OF WOMEN AND CHILDREN TO KING'S COLLEGE HOSPITAL.

The first specimen which the author exhibited was an excellent example of a double monster. In this obstetrical curiosity all the parts were in duplicate, with the exception of the thoracic and abdominal cavities and their contents. The organs of generation—those of a female—were complete in each infant. There was one umbilical cord and placenta.

After some observations on the origin of these bodies, attention was directed to the second case, which proved to be a good example of congenital umbilical hernia. The fissure in the abdominal parietes, though large, was seen to be limited to the epigastric region above the umbilical cord. This is just the part which naturally remains the longest open; but in the present instance an arrest of development had prevented the closure at that stage when a portion of the abdominal viscera is contained in the sheath of the umbilical cord. Below the umbilical region the integuments were in a healthy condition. The hernial sac had been formed of two coats—that is to say, externally by the amnion, and internally by the peritoneum. They had ruptured, so that the contents of the hernia were shown to have consisted of the intestines and liver, while at the upper part was the heart.

CYSTIC WITH MALIGNANT DISEASE OF THE OVARY.

Dr. PRIESTLEY exhibited an ovarian tumour removed from the body of a patient who had died in the Samaritan Hospital with all the symptoms of peritonitis caused by perforation. The tumour was united at its inferior portion with the posterior surface of the uterus. Here was a quantity of deposit, supposed to be of a cancerous nature, which was breaking down into the peritoneal cavity, and had effected an opening into the bowel. The intestines were glued together by recent lymph, and the interior of the largest ovarian cyst was lined by beautiful meshes of the same material. He considered a further examination necessary to determine if the softened deposit were really cancerous.

ON PHLEGMASIA DOLENS.

BY W. TILBURY FOX, M.D., (UNIVERSITY MEDICAL SCHOLAR.)

The paper commenced with the statement that the general prevailing opinion that phlegmasia dolens was a disease dependent upon inflammatory changes (the result of local or general causes) in the vessels was too limited. The author passed in review the various states in which phlegmasia dolens occurred—viz.:

1. As the sole local disease—ex., after abortion, removal of polypi, &c.
2. As part of a general disease, (*a*) either of virus origin—ex., puerperal fever, erysipelas, dysentery, &c.; (*b*) or abnormal nutrition—ex., cancer, phthisis, &c.
3. As complicating other local diseases—ex., iliac abscess, dislocations, suppressed menstruation, &c.

A principle was then noted, clearly defined, upon which its evolution depends—namely, the existence of obstructive disease in both veins and lymphatics. The causes of this obstruction might be ranked as extrinsic and intrinsic in regard to the vessels: the extrinsic being compressed under the head of pressure from without; the intrinsic, all producing coagulation, being subdivided under the heads of—

1. True phlebitis conjoined with angeioleucitis.
2. Thrombosis.
3. A mixture of these twain.
4. Preternatural coagulability of the blood doubtful (merely a favourable condition).

The main point insisted upon was that phlegmasia dolens, except in its epidemic form, is in the majority of cases a pure thrombus, produced by sudden absorption of morbid fluid, the (compensating) effect of sudden loss; the class of cases in which it occurs—viz., diseases accompanied by breach of surface—ex., after labour, cancer, phthisis, dysentery, after removal of polypi, being especially favourable to such an occurrence. This mode of production applies equally well to many cases of œdema, which pressure leaves unexplained, the difference between the two cases being that in phlegmasia dolens the lymphatics are involved in addition to the veins.

The PRESIDENT observed that the subject of phlegmasia dolens was one of considerable extent and intricacy. The peculiar tense swelling of a limb known by this name occurred under different pathological forms, and arose from different causes. In some cases it arose from venous, in others from lymphatic, obstruction. He had lately seen a case of phlegmasia dolens affecting the arm of a patient with a remarkably feeble circulation, although a fine healthy woman to look at. It was precisely one of those cases of coagulation in the veins which Dr. Humphry of Cambridge had lately described in his excellent paper. He had followed Dr. Humphry's practice of giving ammonia for the purpose of dissolving or breaking down these coagula, and in the present instance had combined it with bark with the best effects. He had also lately seen a singular case, in a man of temperate habits, not only affecting the right arm so that he could scarcely put it into a sling, from the impossibility of bending it, but implicating also both sides of the neck and face. He had availed himself of Dr. Burrows' great experience, who, after a careful examination of the case, and having ascertained the absence of sound on percussion and auscultation over a circumscribed space corresponding to the anterior mediastinum, had diagnosed the presence of some malignant disease in that direction, which had compressed some of the large venous trunks. He could not help thinking that the rapid and enormous swelling from venous congestion which followed the bite of a venomous snake was in great measure due to the coagulation of blood in the veins of the bitten part. There could be no doubt that phlegmasia dolens was frequently caused by the absorption of putrid matter, as seen after labour and occasionally after malignant disease of the uterus. In this latter case it never occurred whilst the patient had strength to sit up and walk about; but when the advance of the disease confined her to the horizontal posture, the putrid discharges collected in the vagina, and absorption was apt to follow.

Dr. GRAILY HEWITT had devoted considerable attention to the subject treated of in Dr. Fox's elaborate paper. There were two questions for solution—the one being the *nature* of the pathological changes which take place in phlegmasia dolens; and the other the *cause* of these changes. With reference to the nature of the changes observed, he conceived that they consisted in coagulation of the blood within the veins, alone, and he could not admit that the lymphatics were primarily or necessarily affected. The arguments used by the author, on this point, did not appear to him by any means convincing: the fact that phlegmasia dolens had not been observed in certain cases of obliteration of the lower cava, did not of necessity support the view of the question put forward by the author. The appearances presented were due to coagulation in the veins, and almost complete obstruction to the circulation. These changes were now known, chiefly in consequence of the researches of Virchow, to be due, not to phlebitis, but to coagulation. Then as to the cause of the coagulation, the author had, he believed, correctly, as well as ingeniously, explained that it might be produced by the action of septic matter introduced into the cavity of the veins; but he would himself explain the occurrence of coagulation in the veins in that series of cases, or certainly a large proportion of them, coming under the notice of practitioners in midwifery, in another way. Two years ago he had published in THE LANCET some remarks "On Coagula formed in the Veins during the Puerperal State," and of several causes there alluded to as leading to the coagulation in question, he would now refer only to two—one of these being deficient contraction of the uterus after delivery; and the other, the occurrence of hæmorrhage. The influence of deficient contraction was very important. The uterine sinuses remaining patent were necessarily filled with coagula, and these coagula, of small size normally, were, in cases of deficient contraction, much larger. The coagulation spread upwards from these nuclei, and, when the iliac veins became invaded, the phlegmasia dolens occurred. The existence of these large, loose coagula, he would remark, also favoured the introduction of septic matter. Then, again, in cases of hæmorrhage, the tendency to the occurrence of coagulation in the veins was, as he had endeavoured to explain, increased; but he believed that this resulted rather from the loss of contractile power in the uterus, the effect of the hæmorrhage, than from absorption of septic matters. Hæmorrhage, undoubtedly, favoured absorption, although, perhaps, not to the extent insisted on by the author. The recognition of the effect of imperfect contraction of the uterus in inducing coagulation, he conceived to be of great importance in practice; and he believed that phlegmasia dolens would be rarely observed if steps were always taken to secure due contraction of the organ after delivery.

Dr. DRUITT said that phlegmasia dolens was usually treated of as an obscure and intricate disease, but that most of the obscurity arose from the unfortunate circumstance that it had been too much treated as if it were a puerperal disease solely, and had not been viewed in its true relation to other diseases; whereas it was by no means confined to the puerperal

state; and, instead of being altogether *sui generis*, it was but one specimen of a very large and natural pathological family. Certainly the author of the paper before the Society had not fallen into the former of these errors; on the contrary, the Society had to thank him for a very copious and interesting collection of cases occurring from various causes besides parturition; but, as regards the true pathological place of the disease, the author seemed to have just missed seeing it. It appeared to him (Dr. Druitt) that it was impossible to regard phlegmasia dolens otherwise than as one member of that class of pathological exudations which includes also the diffuse inflammation of the areolar tissue, the phlegmonous erysipelas, carbuncle, and the effects of snake-bite, which last the author had alluded to, although he did not seem to appreciate the fact that it afforded a complete solution of the phenomena of the disease under consideration. A poison introduced into the areolar tissue, whether locally or through the medium of the circulation at large, was all that was required to explain the phenomena. What was there more wonderful in phlegmasia dolens than there was in the fact that a small portion of decaying lobster introduced into the stomach sufficed to cover the skin with the large white blotches of urticaria? or that a small portion of virus introduced under the cuticle will produce the enormous swelling of erysipelas or diffused inflammation? or, again, that a snake-bite will cause a whole limb to swell suddenly and enormously? The analogy of these cases to phlegmasia dolens is absolutely perfect. In one case, which the speaker published in the "Surgeons' Vade-Mecum," a gentleman had a small, old sinus in the ham; this festered; the matter putrefied; swelling ensued, spreading upwards as well as downwards, till the limb was of enormous size, tense, and firm; symptoms of general pyæmia followed, and death. Now in this, as in the other analogous examples, could it be said that obstruction of the veins or lymphatics was the essential condition of the disease? Surely not; for obstruction of veins and lymphatics might exist without phlegmasia dolens, — and exudation, which was the essence of phlegmasia dolens, might exist without venous obstruction. It was quite a return to the pathology of the sixteenth century to assert that obstruction was the cause of a true pathological exudation. Obstruction must always produce its mechanical effects, such as œdema; but there was no obstruction which could account for the production of phlegmonous erysipelas or carbuncle, and the assumption of obstruction as the cause of phlegmasia dolens was unnecessary. Solidification of the blood in the veins occurred in erysipelas as in phlegmasia dolens, but only as a concurrent effect. The true pathology of the disease was that which the author had touched, without grasping—namely, that a poison, having been imbibed from a wound or ulcer, produced not merely coagulation of blood in veins, but that yet undefined change in the relation of the blood and tissues which caused a peculiar exudation. No one, in the present state of pathology, can pretend to define that condition absolutely; but if any one thing appeared at the present day certain, it was that not mere obstruction, or any other change in what was called the "action" of bloodvessels and absorbents, could generate a true pathological exudation, to which class the disease under consideration belongs.

Dr. BARNES thought that the paper was an excellent example of the advantage of seeking for illustration of what might appear a special subject in the wide range of general pathology. Obstetric science had lost much from the narrow exclusive manner in which it was cultivated. While the author deserved praise for his research, he (Dr. Barnes) could not, however, but feel surprised that no reference had been made to the valuable essays of Mr. Henry Lee and Dr. Mackenzie. The essay of Dr. Mackenzie especially must be regarded as the most admirable and complete contribution to the pathology of phlegmasia dolens yet published. The speaker did not agree in the suggestion that hæmorrhage disposed to phlegmasia dolens by favouring imperfect contraction of the uterus, and the consecutive propagation of the coagula formed in the sinuses to the pelvic veins. Hæmorrhage acted, in his opinion, by increasing the absorbing function. The treatment by ammonia referred to by the President, he had found the most useful. Since the researches of Dr. Mackenzie this plan was established on a sound pathological basis.

Dr. FOX, in reply to the objections of Dr. Graily Hewitt, said he could not disallow the lymphatics a share in the disease. Would Dr. Hewitt explain the difference in the character of the swelling in obliteration of the inferior vena cava and the innominate vein, (for there was a difference; in the latter case the swelling was different from œdema, and more like phlegmasia dolens,) except upon the fact that the lymphatics were obliterated in the case of the innominate? Then, again, Dr. Rigby's well-known case (*Medical Gazette*, 1835), where no disease but that of the lymphatics existed, was surely sufficient to establish the participation of the lymphatics. In regard to the theory of the production of phlegmasia dolens, Dr. Hewitt's explanation would only account for the puerperal cases, and not those of cancer, phthisis, dysentery, ulceration, &c. The other objections of importance came from Dr. Druitt, who denied the mechanical cause of the disease. Well, what answer could be made to such cases as that described in the paper, where a cancerous tumour pressed on the iliac vessels, and where phlegmasia dolens appeared, with great pain; but when the tumour descended into the pelvis, and got up behind the bladder to the other side, the pressure being removed, the phlegmasia dolens went at once, with the pain. With regard to the other point which Dr. Druitt said the author had missed, —namely, the pathological state, the exudation into the cellular tissue—it was far too important a subject to be introduced into the paper cursorily, because it involved all the late views of Virchow, but it should be dealt with specially. All discussion turned upon the use of fibrin in the economy. Virchow, Zimmermann, Cappie, and Simon believe it to be a result of change of cellular tissue (an early condition being fibrogen), and brought to the blood by the lymphatics. That fibrin was not excrementitious seemed evident from the following:—1. Its use in the economy and capability of organization. 2. Its mode of production—namely, result of elaborative (digestive and glandular) act, and oxidation of albumen (Gairdner). 3. Its chemical composition, unlike waste products (ex. urea). If fibrin were excrementitious, albumen must be so too. 4. Its relation to the pale corpuscles, being increased or decreased in direct ratio with them. 5. Its relation to connective tissue, as shown by Liebig; hence it is the pabulum of areolar tissues. 6. In the lower animals we see corpuscles existing before fibrin in the blood; in the articulate series we get fibrin, and with it the colourless nucleated cell; and seeing always that the pale corpuscles keep in the blood-stream outside—i. e., next the walls,—it seems not unlikely, indeed certain, that the pale corpuscles are related to the tissues outside in preparing the fibrin for the *connective* tissues. Where areolar tissue is, there are lymphatics, and *vice versâ*; hence there must be some close connexion. It seems that when the arterial blood reaches the areolar tissues, the latter draw upon it for pabulum, and the excess is removed by the lymphatics (which keep the balance of nutrition correct). Obstruct, as in phlegmasia dolens, the lymphatic circulation, and you get hypertrophy of the cellular tissue and gelatinization in the areolæ. As to Dr. Druitt's assertion that the vessels are not at all concerned, that was a new pathology. How would he explain a simple case of hypertrophy from congestion the result of pressure? The author had not made a microscopic examination of the juices exuded from the limb in phlegmasia dolens.

Reviews and Notices of Books.

Small-pox and Vaccination Historically and Medically Considered: an Inquiry into the Causes of the recent Increase of Small-pox, and the Means for its Prevention. By ALFRED COLLINSON, M.D. pp. 85. London: Hatchard.

THIS is a book of facts, and Dr. Collinson in the first sentence of the "Introduction" has very appropriately expressed his objects in publishing it—"The purpose of the following pages has been to develop, if possible, the causes of the increase of small-pox, and to point out the means whereby vaccination, its only sure preventive, may be restored to its pristine efficacy." He further remarks that "the subject is one not merely of professional or scientific interest, but of the deepest moment to the public at large;" and it is really to be hoped that this pamphlet will find its way into all quarters where it might be useful in promoting the benevolent views of its author. Dr. Collinson has, as he states, endeavoured to collect and present to the reader "the pith and marrow" of the information which he has found scattered over an infinity of histories, treatises, reports, and statistical returns. His industry deserves the highest praise. He has quoted the more important summaries of the opinions of observers in all parts of Europe; and, in particular, he has paid a due tribute to the labours of Mr. Simon, referring espe-

cially to the mine of information furnished by that gentleman in his most valuable Report on Vaccination to the Board of Health in 1857, in another general Report in 1858, and a shorter one to the Privy Council (of which he is the medical officer) in 1859.

The author commences his task by giving a sketch of the history of small-pox and its progress through the world, and he shows the vast extent and frightful effects of its ravages, clearly proving it to be one of the most destructive plagues that ever devastated mankind. To this part of the work we cannot devote more space than to state that, notwithstanding, from certain hints in ancient writers, the small-pox is supposed to have been known in times of antiquity, the first distinct notice of that disease is to be found in the writings of the historian Procopius, who asserts that in 544 it broke out in Egypt. The first recorded case in Europe is probably that of Elfrida, daughter of Alfred the Great, in the tenth century; and Rhazes, the Arabian, who lived in the same century, was the first author who wrote clearly and expressly on the disease. From that period, it appears to have spread rapidly over the known world. No rank was exempted from its ravages. Even at the end of the seventeenth century, its virulence retained its pristine force so much that it is mentioned, as proving how powerless the best medical aid of the day was against its inroad, that six immediate relatives of William III. fell victims to this terrible malady. As the first means of mitigating its severity, the author refers to inoculation, introduced amongst us at the commencement of the eighteenth century. He shows, however, that the result was unsatisfactory in this respect, that while giving security to the individual, that practice maintained the existence of the disease, and tended to its increase, and so, on the whole, was mischievous to the community. A picture is drawn of the unprotected condition of the public throughout the eighteenth century, at the close of which the discovery of vaccination held out to mankind a prospect of relief, which has been more than realized by its wonderful results.

Next is given an account of the vaccine disease amongst cattle, followed by the interesting history of the great discovery. The author remarks that "It had been known from an early period amongst the great dairy-farms in Gloucestershire, that cows were affected with a peculiar pustular disease, which could be transferred to those who milked them; and a belief prevailed in the dairies, that the milkers thus affected might be exposed in any way to the contagion of small-pox, and yet escape that disease." He traces the profoundly interesting experiments of the immortal Jenner up to the crowning success of the brilliant theory which his genius suggested, and which his experiments realized—the proof that inoculation with the vaccine virus might be perpetuated from one subject to another. There is, however, a singular circumstance connected with this portion of the inquiry, which is not generally known. The matter of the "grease," a disease to which the heels of horses are liable, when transferred to the human subject, produces a pustule similar to the vaccine, and equally protective against small-pox. The fact was proved experimentally by Jenner himself. The author states—

"It now appears certain that there are at least four animals —namely, the horse, the cow, the sheep, and the goat (and to these the pig and the ape may probably be added), which are affected with a disorder which may be conveyed to man by inoculation, and thus becomes capable of defending him from a malignant form of the same disease—namely, the small-pox of the human subject."

Then we have an amusing account of the reception of the discovery, and of the excitement occasioned by it, in the medical world. Next follows a brief history of the rapid progress of vaccination, and its immense results in reducing the ravages of small-pox. In 1799, a knowledge of Jenner's discovery and the practice of vaccination were conveyed to Geneva, Hanover, and Austria; in the following year to France; in 1801, to Spain, Denmark, Sweden, and Russia; subsequently to Italy, most parts of Germany, and Poland; in 1802, to Greece; in 1803, to Turkey and Asia; it having been introduced practically into North America in 1801, and into the Spanish American possessions in 1803. In little more than six years after its promulgation it was known in every clime! Such was the formidable nature, then, of the terrific plague which vaccination superseded, that the suffering nations caught promptly and eagerly —as well they might—at the astounding means of protection which had been providentially placed at their disposal.

Dr. Collinson then proceeds to the interesting question—What is the vaccine disease? Clearly and indubitably, according to the proofs adduced, it is small-pox itself which, mitigated by its passage through the cow, is introduced by vaccination into the human system; and, by thus undergoing a mild form of the disease, the constitution is protected against its future recurrence.

The labours of Mr. Simon have enabled us to ascertain what reduction in the mortality from small-pox has resulted from vaccination. In London during the eighteenth century the mortality from variola was at the rate of 3000 to 5000 per million of population per annum; during the ten years from 1846 to 1855 it was under 340 per million. The committee of the Epidemiological Society published that whereas during the half-century preceding vaccination, out of every thousand deaths from all causes an average of 100 arose from small-pox, in the ten years ending 1850 the deaths from that disease were only 16 per thousand; and that while before any protection the deaths from small-pox were as 42, during the period of inoculation with that disease they rose to 54, and since that in which vaccination has been practised they have sunk in London to the average of 14. Dr. Farr states that in 1854 the mortality from small-pox, measles, and scarlatina combined was only half as great as that formerly occasioned by small-pox alone. Dr. Collinson mentions that during the twenty-eight years previous to the discovery of vaccination, there died in Sweden from small-pox 2050 annually per million; whereas the rate during forty years after the discovery was only 158: in Westphalia it was before this period 2643; after, 114: in Bohemia, Moravia, and Silesia, before, 4000; after, 200: in Berlin, before, 3422; after, 176.

"In other words, the fatality of the disease is in Denmark but an eleventh of what it was; in Sweden, little over one-thirteenth; in Berlin and large parts of Austria, one-twentieth; in Westphalia, but a twenty-fifth. In the last-named country there now die of small-pox but four persons where formerly there died one hundred."

Dr. Collinson then proceeds to consider the causes of the recent outbreaks of small-pox, and traces them to—

1st. Defective vaccination.

2ndly. Deterioration of the lymph used in vaccination from long descent.

3rdly. The want of an adequate supply of good vaccine matter.

4thly. The want of Government interference, and of efficient legislation, to enforce the universal practice of vaccination.

Defective vaccination he ascribes to the use of vaccine lymph taken from imperfect pustules. He enumerates the various causes from which such imperfections may arise, and points out the rules of Jenner for the selection of the true or pure vaccine lymph.

Dr. Collinson enters into the very important question—whether vaccine lymph has a tendency to deteriorate by transmission through a succession of human bodies. He refers to the inadequacy of the present supply of lymph to meet the exigency of the demand. This would appear to be in a great measure owing to the diminution of the resources of the National Vaccine Establishment, if not to the neglect of the managers of that institution in not obtaining fresh supplies of virus from the cow. That the efficacy of the lymph may undergo deterioration by continued transmission through human bodies may be accounted for on the following grounds:—

It has been proved that small-pox may, after a series of inoculations, approximate in mildness to cow-pox; and Dr. Adams, physician to the Small-pox Hospital, succeeded in producing a benign form of the disease by selecting only the mildest attacks of small-pox from which to inoculate. If, then, as Dr. Collinson remarks, that disease could be so qualified by selection and transmission, it is not to be wondered at that a modified disease such as *vaccinia* should become weakened by transmission in process of time.

Having analyzed the causes of the diminished efficacy of vaccination, the author next considers the remedies to be applied. He refers to the recent regulations of the Privy Council for improved instruction in the theory and practice of vaccination, and for obtaining a supply of vaccine lymph. He follows out the important experiments of Mr. Ceely of Aylesbury, and conclusively establishes the fact that a perfect lymph may be artificially procured by inoculation of the cow with human small-pox. With respect to the preservation of lymph, we have the experienced authority of Mr. Marson, of the Small-pox and Vaccination Hospital, for stating "that vaccine lymph will keep very well on ivory points for five or six months, and, perhaps, longer." But, Mr. Marson remarks, "it is, however, better, and more certain of effect generally, when kept but a short time before being used."

Dr. Collinson lastly points out what yet remains to be done in the way of legislation, and shows how, by very simple means, vaccination may be universally enforced, and so the plague of small-pox, lately assuming so formidable a character, be driven from the land. We quote that portion of this interesting pamphlet with much satisfaction:—

"We have next to consider what remains to be done in the way of legislation in a matter so important to the public weal. It is plain that though all shall have been done to provide a sufficient supply of lymph, and to secure its efficiency, the work will still be incomplete unless two things can be insured: 1, the prevention of the voluntary propagation of small-pox by inoculation; 2, the universality of vaccination. The first, because the security to the individual is purchased at the cost of an infinitely greater danger to the rest of the community, each case of small-pox being a centre from which the poison may radiate, thus tending to keep alive and perpetuate the mischief; the second, because every unvaccinated person, being liable to take small-pox, becomes an infection, like the inoculated patient, the means of transmitting the disease.

"Much has already been done by the Legislature in these important particulars, but it may be questioned whether the work of legislation is as yet complete.

"By the statute 3 & 4 Vict. c. xxix, s. 8, inoculation with small-pox matter is made an offence, punishable, on summary conviction, by a penalty of 20*s*. There does not seem any reason to believe that inoculation is now in effect practised, and it may be hoped that no medical practitioner would be a party to the violation of the law. Nevertheless, as in the event of a further spread of small-pox, it is impossible to say what the sense of individual danger and the desire of individual security may lead persons to do, it may not be amiss to call attention to the lowness of the penalty, and to suggest that, in a matter of such paramount importance, the observance of the law might be enforced by the sanction of a graver punishment."

On this point we venture to differ in opinion from Dr. Collinson, as we believe that the small penalty in this instance has operated with great effect. A larger one might not have been recovered with so much facility. The penal clause in question was introduced into the Act on the motion of Mr. Wakley, M.P. for Finsbury. At first the proposal encountered much opposition, and possibly it was only carried in consequence of the trifling amount of the penalty.

"With respect to the enforcing of vaccination, besides various statutory provisions for securing gratuitous vaccination to the poor, through parochial authorities, vaccination, by the 16th and 17th Vict., c. 100, is at length made compulsory. The father or mother of every child, or the person having the care, nurture, or custody of a child, is bound to take the child—the former within three months, the latter within four months of its birth, if not already vaccinated by some duly-qualified medical practitioner, and the vaccination duly certified—to the medical officer or practitioner appointed by the union or parish, in order that the child may be vaccinated. On the eighth day following, the child is again to be brought to the medical officer or practitioner, who, if the vaccination has been successful, is to give a certificate to that effect, and transmit a duplicate to the registrar of births and deaths of the sub-district. The registrar, having the means of comparing the number of vaccinations with that of births, is, in the event of any child not being vaccinated within eight days after its birth, to give notice to the father or mother, or person having care of the child, to take the child to the medical officer or the practitioner appointed for vaccination; and omission, after such notice, to take the child to be vaccinated, as also to take it for inspection on the eighth day after vaccination, renders the party liable to a penalty of 20*s*.

"A moment's reflection will show, that for the purpose of coercion the law is insufficient. The only person who has the means of ascertaining whether vaccination has taken place on every birth is the registrar of births and deaths, who, by comparing the register of births with the medical certificates of vaccination, is at once able to ascertain whether vaccination has in any case been omitted. Unfortunately, the supervising control of this officer is confined to giving the notice already referred to at the end of eight days from the birth. The Act, however, allows three months to the parents, and four months to a person having the care of a child, to fulfil the requirements of vaccination. But no further duty is cast on the registrar, or, indeed, on anyone else, of instituting any inquiry to see whether all children born in the district have, in fact, been vaccinated. Again, although the Act imposes a penalty, there is no one whose duty it is to enforce it in case of disobedience. The consequence of these omissions is that, to a great extent, the Act remains a dead letter. Now, I would venture to suggest that a duty should be imposed on the registrar of comparing the register from time to time with the certificates of vaccination, and of reporting to the parish officers the cases in which vaccination has been neglected; and that a duty should be cast on these last-mentioned officers to summon the offending parties before magistrates, with a view to their conviction and the infliction of the penalty. It may also well be questioned, whether the maximum of the penalty is not too low; and whether provision ought not to be made for a further conviction, with increased penalties, on non-compliance within a further short period; and so from time to time, until the law has been obeyed."

These suggestions are well entitled to receive the attention of the Government and the Legislature, as it is quite evident that the law does not at present provide an adequate safeguard against the ravages of a most terrible malady.

"No reasonable objection, it is apprehended, can be raised to coercive legislation in a matter so vitally affecting the well-being of the whole body of the community. Infants, unable to secure to themselves the means of future safety, are entitled to be protected against the possible neglect or culpable indifference of parents. Where the safety of all is involved, it cannot be questioned that the State is justified in interfering with the freedom of individual action to insure the common safety, and protect the whole body of society from the danger of pestilence and death.

"From what has been said in these pages, the following practical conclusions may, it is submitted, be drawn:—Vaccination, if properly conducted, may be made the means, if not of actually extirpating small-pox, at all events of reducing that disease within such narrow limits, as that it shall no longer be a source of general danger and alarm. To attain this great result, certain conditions are necessary: that the process of vaccination shall be conducted by practitioners perfectly acquainted with, and careful to observe, the requisites essential to its success; that the lymph used shall be of perfect quality; that vaccination shall be, without exception, universal. We are further warranted in concluding, that the unsuccessful results of vaccination, and the consequent increase of small-pox, are to be ascribed to unscientific administration of the remedy, either in the use of imperfect lymph, or in inattention to the indications, from which alone a successful result may be assumed to have been secured;—to the want of universal vaccination, either owing to a deficiency of lymph, or to the absence of a thoroughly-effectual system of coercive medical police.

"On the other hand, we may comfort ourselves with the conviction, that the remedy is within our own power. The praiseworthy measures recently taken by the Government for

securing in future the thoroughly-scientific performance of vaccination, will, it may be hoped, insure that important desideratum. The use of lymph taken from imperfect sources will be checked, when practitioners have become impressed with the necessity of discriminating between the perfect and imperfect, and have acquired, by proper training, the power of judging between them. Above all, experiment and science, having established the fact that, by passing the virus of small-pox through the body of the cow, the virus of cow-pox may be artificially obtained, identical in characteristic properties with that obtained from the spontaneous disease of the animal, a supply of fresh and perfect lymph may be at all times procured commensurate with the public requirement. Lastly, there seems no reason to doubt that a slight amendment only of the law will suffice to insure the uniform practice of vaccination throughout all classes of the people.

"While, therefore, we ought not to shut our eyes to the fact that the recent increase of small-pox affords a well-founded ground of public anxiety, and is sufficient to call for the vigilant attention of those whose province it is to watch over the sanitary condition of the country; yet, on the other hand, we may rest assured that there is no reason for despondency, or ground to doubt that, by the application of prompt and energetic measures, wholly within our power, the efficiency of vaccination may be established in all its integrity; and so, the dire calamity of epidemic small-pox may, under the blessing of Providence, be averted from this and future generations."—pp. 79–85.

Our limited space obliges us, as a rule, to quote but briefly from the works which are reviewed in this journal; but on this occasion our extracts are of unusual length, in consequence of the vast importance of the subject under consideration, and the very judicious and able manner in which it has been treated by Dr. Collinson. His pamphlet has been published at a very opportune period, and the whole question is one which ought, without delay, to engage the serious attention of the Legislature. It really is a public scandal and a discredit to our civilization, that in this country, where the great and brilliant discovery of vaccination was made, the measures for its propagation have been less efficient than those in several foreign countries. In the hope that some really effective legislation will take place on the subject in the present session of Parliament, we take leave of the question at this time, strongly recommending the admirable pamphlet of Dr. Collinson to the perusal both of the profession and the public.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

THE discussion on the mode of action of iron generally, and the perchloride in particular, was continued, on the 5th inst., by M. Trousseau, whose address occupied the whole of the two hours allotted by the Academy to its weekly debates. The Professor of the Hôtel Dieu made a long differential analysis of the two pathological conditions, anæmia and chlorosis, and of the therapeutic action of iron in each. The whole object of his discourse was to disprove the theory of the chemical school,—the "*chimiatres*," as they are called,—who hold that the curative agency of iron, in both classes of diseases, is owing to the reconstitution of the blood by the direct absorption and chemical combination of this mineral with its elements. In anæmia, he remarked,—such anæmia, for example, as can clearly be traced to loss of blood, as after flooding,—the normal and physiological condition can be perfectly re-established, without the administration of a single grain of iron, by generous diet and plenty of fresh air.

In chlorosis, M. Reveil has proved, by chemical investigation, that there is no want of iron in the blood; that the same quantity is found to exist during a chlorotic attack as afterwards, when the patient has completely recovered. And though M. Trousseau admits that steel is almost a specific in this complaint, he cannot allow that this beneficial result is to be attributed to any chemical appropriation by the blood of the mineral administered. Young girls are often suddenly affected with chlorosis, who, so far from losing too much blood, have *retained* more than Nature intended them to do. A sudden chill during the course of the catamenia has checked the discharge, and produced chlorosis. Proper medical treatment dispels the chlorosis by reproducing the menstrual flow, clearly demonstrating that this condition did not depend upon a diminution in quantity of the blood or its elements.

During the critical examination of the chemical treatment of diseases, M. Trousseau commented on Dr. Garrod's work "On Gout and Rheumatism," and scouted the idea of the uric acid diathesis, and its neutralization by an alkaline treatment. He cited an experiment of M. Claude Bernard, which he considers as conclusive on this point. By introducing into the stomach of a dog, through a fistulous opening in the abdominal wall, a few drachms of carbonate of soda, and then testing with litmus paper, M. Bernard found that the subsequent reaction was far more powerfully acid than usual, and that the result attained was exactly the contrary of that which had always been taken for granted. Consequently, M. Trousseau continued, when a tendency to the generation of certain abnormal acids by the stomach is removed by alkaline treatment, this change must be attributed to some other *modus operandi* than that of simple chemical action.

After a very lengthy amplification of these views, the Professor concluded by stating it as his conviction that the empirical method, the result of experience and experiment, was the surest and soundest after all, and protested against the acceptance, as scientific truths, of certain theories which could hold their ground neither practically nor controversially. This verdict against the chemical school of therapeutists from so important an authority has set the Academy by the ears, and we may expect next week to hear some of the champions of the party attacked reply in its defence.

M. Piorry, physician of the Charité, some years ago astonished the medical public by the announcement that the discutient action of the sulphate of quinine upon an engorged spleen was almost instantaneous; and that, on percussing the region of the enlarged organ, *thirty seconds after the administration of a potion containing a certain dose of this drug*, a considerable diminution might be observed in its size. This theory he delighted to demonstrate by mapping out with coloured chalk the limits of the spleen, and then requesting some bystander of sceptical aspect to convince himself of the fact by testing with his own fingers the striking alteration produced so rapidly by a wine-glassful of quinine mixture. Not a few of your readers, some even of the incredulous St. Thomas stamp, have been thus converted to a belief in the magical influence of bark in dissipating engorgement of the spleen with a "presto-pass" charm that rivals Robert Houdin, or Anderson, the Wizard of the North. To-day, however, comes a Marplot, a dispeller of these pleasant illusions—prosaic M. Nonat. He takes the same coloured chalk pencil to the bedside of a patient suffering from ague, draws the same pretty sketch of his engorged spleen, gives the patient a drink of water only, and finds the organ reduced within the limits of the pretty sketch to the same extent that M. Piorry did when administering his bitter draught; explaining the same by saying that, as the stomach is in the habit of contracting its walls upon receiving the stimulus of an ingestum, the spleen, which is perched like a coachman on the dickey at its left side, follows the contracted organ, and its surface is thus withdrawn in part from contact with the abdominal walls. This is too bad, and M. Piorry has to swallow his long-cherished quinine theory in the shape of a bitter pill.

A work, from the pen of Dr. Sée, on the connexion between chorea and rheumatism, more especially that form of the latter which affects the heart and its enveloping membrane, has lately appeared, and is well spoken of. That an intimate relationship exists between these two pathological conditions was observed some years ago by Dr. Bright; and some cases are cited by him, if I recollect rightly, in the "Guy's Hospital Reports." M. Trousseau, I am told, goes a step further, and maintains that rheumatism in the parent is often, by hereditary metamorphosis, transmitted to the child under the form of chorea. The question is one replete with interest—as must, indeed, be all those which fall within the still obscure and ill-explored domain of nerve-function.

Paris, June 11th, 1860.

EXTRAORDINARY LONGEVITY.—The obituary of the *Times* of Tuesday last contains the names of six persons whose united ages amounted to 547 years, giving an average of ninety-one years and two months to each. There were three males and three females; the youngest was a gentleman aged eighty-six, and the eldest a lady aged one hundred years.

THE LANCET.

LONDON: SATURDAY, JUNE 16, 1860.

THE practice of the law relating to the admission in evidence of the declarations of dying persons has a special interest for medical practitioners. We need not do more than advert to the numerous cases of death by violence or poison in which justice would be frustrated were not dying declarations admissible. In such cases medical practitioners are liable to be called upon to give evidence. It will frequently happen that a medical opinion must determine the circumstances under which a declaration coming under this description should be taken. It should be borne in mind that the law is justly jealous of any departure from the ordinary rules of evidence. The admission of dying declarations is held to be a marked departure, only to be justified by grave and exceptional conditions. The Lord Chief Baron POLLOCK has recently declared "that the admissibility of such evidence at all is an anomaly "and an exception to the general rule and law of Eng- "land, and it ought not to be extended." It may be stated that the two main securities for the truthfulness of evidence are—first, the solemnity of the oath taken by witnesses in courts of law, and the liability to prosecution for perjury if they be found to swear falsely; and, secondly, the subjection to cross-examination. In the case of dying declarations the latter security is altogether wanting, and a very serious defect it is. Those who have had much experience in courts of law will know that a skilful cross-examination is frequently of striking use in eliciting the truth and correcting error in the case even of a conscientious witness; and all must place the highest value upon this ordeal as a check upon the utterer of false testimony. In regard to the first test, also—the oath,—it must be remembered that it is only on the hypothesis that a person feeling himself to be dying, and that he is on the point of answering for the truth of his statement before a higher than earthly tribunals, is assumed to be in a position equivalent to that of taking an oath. Viewing human nature as we find it, there can be no doubt that a declaration made under such circumstances is, as a rule, at least of equal value with that of an ordinary statement on oath. But men have been known to die with false accusations against others upon their lips; and it is therefore obvious that the jealousy with which the law regards this kind of evidence is justified.

Acting in this spirit, the admissibility of dying declarations has been considerably restricted within recent times. In Lord MANSFIELD'S time, a century ago, it was held that "any de- "claration *in extremis* was admissible on the ground that the "solemnity of the occasion was equivalent to a declaration on "oath." The opinion that this rule still holds its full application is prevalent with the public. But the rule, as we shall see, has been considerably restricted. In the recent case of REGINA *v.* HIND, the question was distinctly brought forward. The prisoner was tried for feloniously using certain instruments upon the person of a woman with intent to procure her miscarriage; and on the trial, a statement made by the woman when dying was offered in evidence. It was objected to on the part of the prisoner, but was admitted by the judge. The prisoner was convicted, and the point was reserved. The objection taken was that, although a dying declaration might be admissible under certain circumstances, the rule was not applicable in the present case. It was argued that the subject-matter of the inquiry was not principally the death of the deceased, but something collateral—that is, the declaration of the victim went to prove that the prisoner used instruments for the purpose of procuring abortion, and her death was not the subject of inquiry before the Court.

The Lord Chief Baron POLLOCK confirmed the correctness of this argument. He ruled that the dying declaration of the woman was improperly admitted in evidence, and the conviction was quashed. The rule to which he adhered was that laid down by Chief Justice ABBOTT in MEAD'S case, where he said that "evidence of this description is only admissible where the "death of the deceased is the subject of the charge, and the "circumstances of the death form the subject of the dying "declaration."

The practical teaching of this case as regards our profession is, to take care, first, that the person making a "declaration" shall believe himself to be in a dying state; and, then, that the circumstances causing the death are the subject of the dying declaration. It remains for the lawyers, subsequently, to see that the death of the deceased is the subject of the charge upon which the declaration is tendered in evidence.

To everybody, except some nervous and delicate females and a few males with very susceptible and untameable stomachs, a moderate sea voyage is one of the finest tonics known. The rapid movement through the atmosphere, the change from latitude to latitude, the constant breathing of a pure undefiled air, the complete relaxation of mind and muscle, the novelties of sea-life and nautical manœuvring, soon begin to work wonders upon body and mind. The complexion becomes clear, the eye bright, muscular movement easy, quick, and vigorous, and the appetite keenly sharpened. The nervous, worn-out, exhausted, irritable person finally becomes fat, lazy, and *insouciant*. For the victim of commerce, the votary of fashion, and the devotee of literature and science, we say there is nothing like a sea voyage to bring about that necessary and perfect "moulting process," as SCHULZ calls it, which eventuates in an almost rejuvenescence. But there is another class of sufferers, besides those we have named, to whom a marine life, for a time, is a great blessing. This is made up of such as have been obliged to spend several years of their life in a hot, tropical, or malarious country. Reduced by remittent or jungle fever; worn out and worried by recurring hepatic, splenic, or intestinal affections; unstrung by climate, exhausted by excesses—a trip to the Cape and back, to Australia, a cruise even in the Bay of Bengal, or on the Red Sea, in the Adriatic or Mediterranean, will often produce almost marvellous results. Now, as Government has lately taken advantage of the beneficial influence which altitude has in re-invigorating the broken-down constitution of the soldier upon the plains of India, by establishing those hill sanitaria to which we have more than once drawn attention, why should it not proceed a step further, and try a Marine Sanitarium—say, at first, for Bengal?

This suggestion is based upon a perusal of some notes made

by Staff-Surgeon KIRWAN,* on a recent trip in charge of medical invalids, moving by water from an up-country station to Calcutta. He tells us that the residents of Calcutta frequently avail themselves of a temporary stay on board the steam-tugs and pilot-ships of the river Hoogly. They find they reap great advantage from such a change, and consider it cheaply bought at the price of twenty rupees a day; and no doubt it is far from an unpleasant medicine for the restoration of health. Mr. KIRWAN proposes to try some such method with our Indian troops, suggesting that the result and value of the plan might be tested in a practical and expeditious manner, by putting some of the sick on board the Hoogly vessels, so wisely patronized by such as are their own masters, and prudent enough to adopt the practice. As far as feasible, the Government pilot-ships, properly fitted up, might be employed as floating sea-barracks, to which invalids could be conveyed by the numerous unemployed dooleys and river steamers. Mr. KIRWAN'S idea is, hygienically or medically viewed, unimpeachable; how far it is financially and otherwise practicable, it would be as yet premature to decide. His grand project is to establish a Marine Sanitarium at Calpee, composed of a fleet of first-class troop-ships. His proposition is based upon the belief that the timely enjoyment of sea air in trips to Penang, Port Blair, Ceylon, or other advisable ports, would so thoroughly restore the health of many soldiers as to obviate the necessity for a longer voyage. Their services would hence be preserved to the State during the time now lost under the present system in visits to England. It receives further support, too, when we consider that the length of time unavoidably occupied in the chartering and fitting of ships, and in making other suitable arrangements for the conveyance to England of a number of invalids, unfortunately renders impossible the removal of some who need it most, and deprives many others of the increased benefit which the change would afford them if it took place at an earlier stage of their disease. The expedient under consideration would relieve invalids from the necessity of waiting, perhaps, six months before they can inhale the sea air, pronounced essential for the recovery of their health, and would thus prove a simple means of reducing the mortality of European troops serving in India. Any expense attending the organization indicated, would, therefore, be compensated by the benefits derived from it. Should, however, the saving effected in the passage-money of invalids requiring but a short trip to sea, and the value of lives now often lost in "waiting for the order" for removal, not be deemed sufficient reasons for establishing a fleet of troop-ships, we may urge the use to which Mr. KIRWAN shows such vessels could be applied—viz., in relieving regiments at periods shorter than hitherto. We quite agree with this painstaking officer, that it is a question worth solving, whether the value of the lives that would be saved by frequent trips, and by the beneficial effect which the knowledge of such frequency would have on the minds and constitutions of the soldiers, would not counterbalance the expense of a fleet of sea-barracks, useful at all times as hospital and troop ships. The despatch of troops to India and to our various possessions is now so certain to take place regularly, that to continue advertising for troop-ships, fitting them up, and, after a temporary but costly use, abandoning them, appears as anomalous as it would be continually to hire furnished land-barracks, and relinquish them after brief occupation.

* Suddenly ordered to China.

Still there is no saying how this view of the matter may square with the principles which, in the opinion of the Administration, should regulate Indian financial economy. These principles are evidently peculiar. In the annual accounts of India, *e. g.*, two highly-suggestive items are to be found: one is, "Passage and outfit for a governor, a member of council, staff officers, &c., £11,540;" the other, "For cultivation and manufacture of vegetable products in India, £45." A gleam of light, however, has lately pierced the gloom. Last Tuesday week Mr. LINDSAY moved, in the House of Commons, for a Select Committee "to inquire "into the organization and management of those branches of "the Admiralty, War-office, India-office, and Emigration "Board, by which the business of transporting, by means of "shipping, troops, convicts, emigrants, materials of war, stores, "and any other similar services, were now performed, with a "view of adopting some uniform system, under one consolidated and responsible department."

But there are other reasons than those merely of an economic and medical character to be urged in favour of permanent sea accommodation for troops. We would, therefore, briefly observe, that the growing interests of England in the East may, at any moment, give rise to emergencies, calling imperatively for a rapid concentration of troops, and at such a crisis the delay attending a deficiency of sea carriage might result in national disaster. Finally, the startling rapidity of recent events shows that operations in India, China, the Cape, Persia, Egypt, or amongst nations even more westerly than the latter, will be materially influenced by the knowledge, that England could not be surprised in the situation of having her troops and troop-ships sixteen thousand miles apart from each other.

WITH much pleasure we refer our readers to the report of the inauguration of the bust of Sir JOHN PAKINGTON in the Haslar Hospital, at p. 607 of this week's LANCET. It would be an act of injustice to the chief speaker on this memorable occasion if we were to omit his own claim to distinction as one of the prime movers in the reform which has been effected in the position of the medical officers of the Navy. *He*, of course, was precluded from alluding to these services, but we have no such difficulty. As the dauntless surgeon of the *Eclair*, as the consistent and unflinching advocate of the rights of naval surgeons on all occasions, Dr. M'WILLIAM is entitled to the gratitude of his brethren. We have reason to know that he has brought to bear upon this question an amount of labour and practical knowledge which no other man was in a position to supply; and let it be known, to the credit of our most distinguished brother, that he has effected his objects by means and in quarters in which he has modestly suppressed his name. He has been an efficient worker, not only in the medical, but in the most influential political, journals for years past. In bearing this tribute to the valuable services of Dr. M'WILLIAM, we only render justice to a man who has attained an exalted position in his profession in virtue of the highest qualities, both of head and heart, which can adorn the name of a great medical and social reformer.

AT a very full meeting of the Fellows of the College of Physicians, held on Saturday last, the seat at the Medical Council, vacant by the resignation of Dr. WATSON, was filled up. The

two candidates were Dr. ALDERSON and Dr. BURROWS. The choice of the majority fell upon Dr. BURROWS. We much regret that Dr. ALDERSON, whose skill in the management of collegiate affairs and gentlemanly bearing have earned him the respect of all, has not been chosen; but we doubt not that Dr. BURROWS will fill the office with dignity and efficiency. The election was determined by the prevailing spirit in favour of progress, and the desire to make the College more useful to the whole profession, which now animate the body of the Fellows. With this spirit, properly carried out, the ancient College bids fair to assume a popular position amongst our medical corporations.

IN another place we have stated that a Committee has been appointed to inquire into the expediency of, and the advantages which would result from, a well-arranged and well-organized system of transport service under one great Board. We may now add that further improvements relative to the public services are gradually coming into play. The authorities of the Horse Guards have decided that the whole of the infantry reinforcements under orders to proceed to India shall be furnished, previous to embarkation, with a light-drab suit of clothing, fit for wear in the East. The suit decided upon consists of a very loose tunic or blouse, and trousers to match, the name applied to it being the "Khaki suit," and by which it is already known. Each man is also to be furnished with a flannel "cholera belt" for use in India. Colonel DAUBENY, Inspector-General of Army Clothing, too, has been to Paris to see how army clothing is made in France. In one establishment he found that 30,000 pairs of machine-made boots could be turned out every month. By a minute subdivision of sizes, every recruit in the French army can be properly and at once fitted with shoes. But whilst the French make twenty-four sizes of boots for their soldiers, we make but three. To one of these three sizes every English recruit must adapt his feet! No doubt there must occur as admirable adaptations in respect to shoe leather in England as there do in respect to mattresses in the East Indies. In the latter the amount of superficial space allowed to each European soldier whilst in the Government river boats employed there for the conveyance of troops is six feet by two feet, whilst the mattresses supplied to the men and invalids, especially whilst in these boats, are two feet eight inches in breadth by six feet four inches in length! What wondrous ingenuity must be exercised!

WE regret to observe that the Registration Bill for Ireland, now in the House of Commons, contains a penal clause similar to that which has called forth such just and unanimous indignation from our Scottish brethren. It enacts that the medical person who shall have been in attendance during the last illness and until the death of any person shall, immediately after the death, and under a penalty not exceeding forty shillings in case of failure, transmit to the assistant-registrar a certificate of the cause of death.

Such a course of proceeding is, we repeat, an outrage on private rights—an indignity especially undeserved in the case of a profession which has rendered such eminent services to the State, and will certainly tend to defeat the main object of the Bill. We trust our brethren in Ireland will offer it the same vigorous opposition which the enactment in the Scotch Act has met with in the North.

SUBJECT to some technical revision, the regulations relating to the education, examination, and admission of the new order of Licentiates into the College of Physicians have now received the sanction of the College. Arrangements will, no doubt, be made with all convenient speed to bring them into early operation. We see no reason why these should not be completed during the next month, so that the first admissions may take place not later than the opening of the ensuing winter session.

Medical Annotations.

"Ne quid nimis."

DR. BURTON AND THE LATE MR. FOWLER, OF CHATHAM.

A CAREFUL consideration of the full reports of the evidence delivered at the inquest on the late Mr. Fowler, of Chatham, to whose death, from the alleged effects of opium therapeutically administered by Dr. Burton, we have already referred, suggests some important considerations which did not arise out of the condensed reports elsewhere furnished. The extreme smallness of the quantity of opium ordered, the long intervals over which the doses were spread, and the well-known tolerance of such narcotics which pain induces, could not fail to attract particular attention; but the parties concerned seemed so clearly to have concluded, so unanimously to have agreed, and so definitely to have asserted, that death resulted from the poisonous effects of opium, that a *prima facie* concurrence in that belief has been very general. We think it, however, very desirable to analyze the grounds for such an opinion. First, as to the quantity of opium: it appears that from the commencement of the treatment up to Tuesday the 22nd of May—that is, in a period of ten days—the deceased had taken ten grains of morphia, and up to that date this remedy had neither produced its intended therapeutical sedative effects, nor had it induced any symptoms approaching to coma; on the contrary, the patient had not only suffered from the characteristic agonies of his disease—acute rheumatism,—but on the Sunday afternoon had presented a remarkable symptom, described by himself to Dr. Burton as "a complete paroxysm of pain—muscular pain, instead of simple pain in the joints." Beginning from the Tuesday the deceased had taken two-thirds of a grain of morphia, and at night half a grain, making the total quantity of morphia, a grain and one-sixth in a period of eight hours. He had besides, at eleven at night, three pills, containing altogether one grain and a half of opium. Up to this time there were no symptoms of any effect having been produced by the opium. Dr. Burton says, that when he then saw his patient, (at one o'clock on Wednesday morning,) he "was tossing about the bed in a great deal of pain." He then sent six pills, stated to have contained each one-third of a grain of opium, one to be taken every hour. Four of these were taken over a period of at least four hours. Dr. Burton was now sent for, and found his patient restless and excited, but dozing off to sleep every few minutes. In a short time he became insensible, convulsions came on, and he died.

Now, it must be remarked that these symptoms are not only inconsistent, from what is known of the influence of quantities of opium so small, but are entirely at variance with the known indications of poisoning by opium, in however large quantities administered. Particular stress must be laid upon the fact, that this patient, having all along exhibited marked restlessness, and having also been attacked at an earlier stage of his disease with severe muscular spasm and paroxysmal pain, and never yielding to the ordinary action of opium, suddenly died in severe convulsions. Under these circumstances, we are assured that nearly all pathologists, and, we may say, nearly

all toxicologists, would concur in the necessity of seeking to elucidate the causes of death by a severe scrutiny of the post-mortem condition of the body, by a detailed examination of the internal organs, and by an analysis of the remaining portions of the medicines last taken. There were symptoms which might be produced by concurrent or secondary disease of the brain, heart, or kidneys. Yet we have no account of the condition of any of these organs, or of the blood or secretions, during life, or after death. Is acute rheumatism never complicated with rheumatic inflammation of the membranes of the brain—a disease which would end fatally, with symptoms closely resembling those above described? How often is it associated with acute inflammation of the valves and membranes of the heart? We cannot refrain from expressing our regret, that in the interests of justice, and of every one concerned, a full investigation was not made by means of a careful post-mortem examination. As the case stands, we are of opinion that the actual cause of death was not satisfactorily ascertained, and that the burden of the evidence was against the probability of its being due to opium-poisoning.

A CANCER NOT CURED.

CANCER-CURERS have too often tested the hollowness of the bubble reputation to do more than excite the indignant and prophetic ridicule of the profession by their much-vaunted nostrums. The recent death of the Rev. Henry Erskine Head, from the spread of the cancerous affection of which he was the unhappy subject, affords a painful comment on the vain pretensions of a secret method of curing cancer announced some months since with dangerous prominence in the columns of *The Times*. For a moment Mr. Head was buoyed up by the belief that a temporary improvement in his condition, when under the treatment of the Rev. Mr. Reed, afforded just grounds for a hope of a permanent cure, which the more candid and experienced judgment of some eminent metropolitan surgeons unhappily forbade him to entertain. The improvement was, as expected, but of short duration. The cavernous ulceration extended from the pharynx to the roof of the mouth; during its progress he narrowly escaped death by haemorrhage from some large vessels—a characteristic danger of the mode of treatment to which he was subjected; and he died in aggravated suffering. The remedy to which he submitted proved to be no remedy at all. As other sufferers from this grievous malady have been induced, by the discussion raised on the subject, to pass through the same ordeal, it is at least due to all who have been or might be influenced by those delusive statements that the fatal result of this sad case should be prominently placed before them. Once more, too, a voice should be raised to warn the uninitiated public of the grave suspicion which should always attach to secret medicines or nostrums of any kind, and especially to those which are introduced to the general public through the medium of the newspapers, before having been submitted to instructed professional criticism.

THE NIGHTINGALE FUND.

THE proceedings of the Committee of this Fund have been marked by a dilatory and feeble indecision, which we have refrained from criticizing, because we have concluded that the ill-health of the lady in whose honour it was subscribed may influence unfavourably the accomplishment of any large and useful scheme for applying this great sum. Miss Nightingale is too strongly entitled to the affectionate respect of all who are interested in hospital administration not to claim at our hands a delicate abstinence from comment on the unsatisfactory results as yet achieved in her name—if, indeed, we are to assume that the Committee of the Fund are guided by her wishes. But there is certainly some reason to complain that no public statement has yet been made of the full intentions of the managers, or the reasons for delay. The first public manifestation of activity which we have observed on the part of the Nightingale Fund Committee is in the issue of an announcement which gives no very favourable idea of the make-shift manner in which that Fund is likely to be applied. After this protracted inactivity, the Committee announce to women desirous of being trained as hospital nurses that they have made arrangements with the authorities of St. Thomas's Hospital for giving a year's training to women between twenty-five and thirty-five years of age, for whom they will provide, free of expense, board and lodging in the hospital, with "tea, sugar, and washing, and a certain amount of outer clothing." A payment is offered to them of £10 for the year. They are to be placed under the charge of the matron, and will be instructed by the sisters and the resident medical officer. At the end of a year, if their training shall have been found satisfactory, their names will be entered on the Committee's register, and they will be recommended for situations as hospital nurses.

No doubt this is a very satisfactory arrangement to the authorities at St. Thomas's Hospital, who cannot be too grateful to the friend who negotiated such a treaty. But we cannot see that any public benefit whatever will be derived from the plan. Clearly, but a small number of nurses can be turned out by this very expensive machinery. The Committee undertake to pay to each of a number of females the wages of a second nurse at St. Thomas's Hospital, with the view of recommending them subsequently as nurses to other hospitals. If the nursing at St. Thomas's Hospital were of a very peculiar kind, and it was desired to proselytize the nurses at other hospitals by introducing the new type elsewhere, it might be possible to appreciate the motives of this scheme. It appears to us, regarding it without any esoteric inspiration, as an elaborate and expensive plan for wasting large funds to do that which is already very well done without them. Not more than a dozen nurses in a year can be turned out on this scheme, and they will not be in any respect, that we can learn, superior to the already existing class of nurses. Hitherto these nurses have acquired the hospital training in the same way, being paid for their services by the hospital authorities. The Nightingale Fund Committee become now, in this respect, the cashiers for the board of St. Thomas's Hospital, which we do not understand to be at all impoverished or destitute of funds. This was not the way in which the subscribers understood the duties of the Committee, and so far as this scheme is developed it appears to be open to every kind of objection.

HEALTH-REPORTS.

ATTENTION is not, we think, sufficiently given to the importance of preparing medical reports of sickness, as well as of death, in each district to which a medical officer is attached. The weekly, quarterly, and annual reports of Dr. Farr to the Registrar-General attract, most deservedly, considerable attention by the skill with which large masses of facts and collections of figures are grouped, analyzed, and developed into grounds for the deduction of general principles. The weekly reports of the local officers of health to their respective boards have another kind of interest. They deal with a smaller number of facts and figures, but for this reason they are enabled to treat them with greater minuteness and more searching accuracy. Placed in contact with the conditions they describe, and personally cognisant of many individual cases of which the characteristic features disappear when tabulated in skeleton outline, they often find themselves in a position to throw out corrective hints which serve to modify the effect of their absolute statistical statements. We may particularly refer to the monthly reports of Dr. Dundas Thomson to the Marylebone vestry, which frequently contain much valuable and interesting comment; and as an instance of their quality we extract the following remarks from the report last issued:—

"A paralytic woman of ninety-two died in the workhouse. A male aged ninety-one died in George-street, Portman-square.

On strict inquiry, such ages are often found to be much exaggerated, and usually there are no means of checking the statements of the patients or their friends from the absence of registration in former times. Eight octogenarians paid the debt of nature, and of these four resided in the Cavendish district, which I have frequently mentioned in my reports as containing as healthy a population as any in the rural parts of England. As regards the entire parish, however, we must beware of hastily concluding that healthiness prevails because a few individuals are endowed with constitutions which wonderfully resist the dangerous influences which surround them; as well might we attribute the escape of the vigorous swimmer from drowning to the same cause. We should never forget that more than one-half of our population die before they have attained their twentieth year, and that it is to an increase of the numbers who survive this period, rather than to isolated cases of longevity, that we must refer for specific evidence of the improvement of the public health. Sanitary science can do much for the removal of nuisances that arise from the earth and contaminate the air which we breathe and the water which we drink, but it can only point out the importance of avoiding the influence of weather by sheltering the person by proper clothing and by the judicious use of warm but not stimulating food and drink. Parents must learn to preserve their infants from exposure to cold before we can expect that the lives of many infants can be saved. Four distressing suicides have been recorded during the month. A female of unsound mind threw herself from a window, and three males committed suicide by hanging. In cases of unusual gloom or eccentricity relatives and attendants should always be suspicious of such results, and obtain the assistance of those who are accustomed to watch the diseased mind. The waywardness of insanity is apt to irritate the sane, but kindness is the only true permit to the human heart in all mental phases."

INAUGURATION OF THE BUST OF THE RIGHT HON. SIR JOHN PAKINGTON, BART., G.C.B., IN THE MUSEUM OF HASLAR HOSPITAL.

THE medical officers of the Royal Navy have honoured themselves by the graceful compliment they have just paid to Sir John Pakington, in placing his bust by Marochetti in the Museum of Haslar Hospital. It will be in the recollection of our readers that the Right Hon. Baronet, while First Lord of the Admiralty, obtained for the medical officers a Royal Warrant, which, if fairly dealt with by the Admiralty and those in command, cannot fail to meet all reasonable requirements of the department, and to render medical employment in the Navy quite as desirable as in any other service.

The inauguration took place on Tuesday, the 5th instant, in presence of Captain Superintendent the Hon. George Hastings, C.B.; the Baron Marochetti; the medical officers of the hospital and their families; the medical officers of her Majesty's Fleet in harbour and at Spithead; several families of the neighbourhood; and the deputation from the committee of the Pakington testimonial, consisting of Dr. Dobie, R.N.; Dr. Rees, Deputy Inspector-General; Dr. Nelson, R.N.; Dr. Beith, R.N.; and Dr. M'William. There were altogether about 100 persons present.

Dr. Nisbet, the Inspector-General of the Hospital, having introduced the deputation to the Captain Superintendent,

Dr. M'WILLIAM gave the following address:—Captain Superintendent, Ladies, and Gentlemen,—We come here deputed by the medical officers of the Royal Navy to place the bust of Sir John Pakington in the museum of this hospital, in commemoration of an event of signal importance to that department of the service to which they belong. I need scarcely say that I refer to the Order in Council for the medical officers of May 13th, 1859—an act of grace which we owe to her Majesty on the recommendation of the Admiralty, when Sir John Pakington was First Lord, and which has already been productive of great benefit to the service, as well as to those officers whom it more immediately concerns. I have said that on the important occasion to which I have alluded the presidential chair at the Admiralty was occupied by Sir John Pakington; and for that reason alone, had there been no other, the medical officers would have considered the erection of his bust in this great establishment as the most fitting mode of recording the event in question, and of expressing their gratitude to him under whose auspices it was achieved. But there were other reasons which weighed with the medical officers in the course they have taken; and, although this is not the place where I can enter into them, I cannot here altogether conceal that, wholly apart from all political considerations, the accession of Sir John Pakington to office at the Admiralty was hailed with much satisfaction by the medical officers. They were impatient, and to my mind justly impatient, of their inequality of position with their medical brethren in other departments of the public service; and they felt that, under a statesman who had distinguished himself as the advocate of education and of other measures for the promotion of human improvement, no interest of the navy, no class of medical officers, was likely to suffer from want of due inquiry and consideration. It is not for me to speak of other improvements and reforms which were conceived, and, so far as time allowed, carried into execution, by the Right Hon. Baronet while at the Admiralty; and I shall therefore confine myself to what he did for the medical officers in issuing that Warrant, which, by a fair interpretation of its conditions, is capable of realizing their most sanguine hopes and desires. In requesting permission of my Lords of the Admiralty—a permission which was most promptly and courteously granted—to place Sir John Pakington's bust here, we felt that no place was so appropriate for its reception as Haslar Hospital—the chief of naval hospitals—an institution, moreover, associated with some of the greatest triumphs of nautical medicine. It was here that Lind—justly designated by Sir Gilbert Blane as the father of nautical medicine—a century ago, sent forth some of those remarkable works which, by first clearly pointing out what attention to the simple laws of nature could effect, contributed so largely to the health and comfort of our seamen, and consequently to the efficiency of the navy, and have given him a high place amongst the benefactors of mankind. It was here also, some years later, that the able, energetic, and warm-hearted, but ill-rewarded Trotter, physician to the fleet under Lord Howe, gave to the world those plans of sanitary and administrative reform in our hospitals and fleets that have proved of lasting benefit to his country. Seldom have such talents, with such zeal, been devoted to the public service as were those of Trotter. A main object of his life finds emphatic expression in the dedication of his "Medicina Nautica"—"To Earl Howe, Admiral; the flag-officers, captains, and other officers of the fleet,"—where he says, "It has been my wish to make the duties of the medical profession subservient to those who have earned laurels for you and given security to their country." To have been the means of raising the health of the navy from the lowest standard—a standard which long made a ship-of-war an object of aversion to seamen—to a degree that has now no parallel amongst any other class of men; to have enabled the Channel fleet, the very existence of which was at one time endangered by the terrible ravages of scurvy, to keep at sea, in a state of health and high efficiency, at a most momentous period in the history of this country; to have laid down a code of health adapted to all time, to all classes, and to all climates,—are surely no mean titles to glory; and that glory, so honourably earned, has been awarded by posterity to the illustrious names of Lind, Blane, and Trotter, whose peers in their own department, when we except Sir John Pringle and Jackson in the army, have been produced by none of our public services, either before or since their day. Coming down to later times, we have the honoured name—with a reputation far beyond European—of Sir John Richardson, the undaunted traveller, the man of science, and the skilled and humane physician. This museum, in which he long and usefully laboured, is of itself a monument of his devotion to those branches of science which he has illustrated. And did it not misbecome me to speak of those still in office and authority, I could, with advantage to my case, dwell upon the high professional attainments, the long and eminent services, the rare administrative powers, and the untiring solicitude for the welfare of the service, which characterize our present Director-General, and which, as they have beneficially influenced the past, augur favourably for the future of the department. I might here advert to such names as Lord Brougham and the Duke of Richmond in the House of Lords, and Boldero and Wakley in the Commons, who have benefited the service by their advocacy of the cause of naval medical officers. It will, however, be sufficient if you will bear with me while I bring under your notice, in a very few words, those statesmen who, while holding the office of First Lord of the Admiralty, did not think it unworthy of them to inquire into the condition of the

medical department, and make such changes and improvements as the occasion required. And prominently in the foreground of such a view stand the first Lord Melville and Sir John Pakington. The bust of Lord Melville, executed by Chantrey, was placed here by a generation of our brethren now almost passed away, commemorative of him who, as First Lord of the Admiralty, obtained in 1805 an Order in Council for the medical officers, which in that day was properly regarded as the greatest boon ever granted them. To Sir Francis Baring and Sir Charles Wood, who, in 1850 and 1855 respectively, held the office of First Admiralty Lord, the gratitude of the medical officers is also due, for the improvements effected in the department while under their rule. Those who read the Warrant of Lord Melville in 1805, and that, as well as the speeches in Parliament, of Sir John Pakington in 1859, will find between those statesmen a remarkable identity of object and purpose, even of the language used on each of the two occasions—certainly an identity of view as to the course to be taken in respect to the medical officers. Both statesmen, in framing their respective Warrants, appear to have felt that it was their especial privilege, as well as duty, to provide for the care of our gallant sailors—subject to the baneful influences of climate, and to the horrors of war—medical attendance not inferior to that enjoyed by the civil portion of the community. They, in fact, were actuated, not alone by the comparatively narrow motive of advancing the medical officers in rank, privilege, and emolument, but also by the higher consideration, that the just elevation of those officers was conducive to the welfare of every other class of officers, indeed of the whole naval service, and consequently of this country, which, in the hour of need, looks to the navy as its main protection. For these reasons, it has seemed to us, that this bust of Sir John Pakington, executed by the Baron Marochetti, and alike admirable as a work of art and as a faithful representation of the Right Hon. Baronet, can nowhere so appropriately stand as in this museum in companionship with that of Lord Melville, who was, like himself, the friend and benefactor of the medical officers of the Royal Navy.

Captain HASTINGS made an appropriate reply, in the course of which he stated that he had much satisfaction in being present at this inauguration; and that he considered Haslar Museum as the most fitting place for the reception of the bust of Sir John Pakington.

Dr. DOBIE, in thanking Captain Hastings for honouring the occasion by his presence, trusted that, if not contrary to the usage and rules of the service, he would be so kind as to convey to my Lords of the Admiralty the sincere acknowledgments of the committee for the prompt and courteous manner in which their lordships had acceded to their request to place Sir John Pakington's bust where it now stood.

Captain HASTINGS said he should have much pleasure in complying with the request of the deputation.

All present were unanimously of opinion that the bust, which rests upon a pedestal of red granite, was admirable alike as a work of art and as a true representation of the Right Hon. Baronet.

A large party, including Captain Hastings, Baron Marochetti, and the deputation, were entertained at dinner by Dr. Nisbet.

Correspondence.

"Audi alteram partem."

MEDICAL TITLES AND SCOTCH M.D.s.

To the Editor of THE LANCET.

SIR,—This old sore has been again ripped up by a contemporary, and Professor Christison, of Edinburgh, again appears as a would-be dictator. It is very amusing to those who know. Aware that the worthy Professor would be only too happy, some one wearing a northern degree writes to ask the Professor's views. The Professor, eager for another fling at the licentiates of the College of Physicians, writes with an amusing affectation of candour and impartiality, as if it was not already well known that he is a leading partisan of the Scotch Universities, and the no less partisan journalist writes as if he did not know it. What the Professor and his very small and dissolving band of supporters wished, it will be recollected, was not that the licence of the College of Physicians should be given this way or that way, but that it should not be open to students or practitioners at all, but only to university graduates; that the College, in fact, should commit suicide, by abdicating the position and career assigned to it by the Medical Act. And all for the sake of the little knot of professors who have the giving of the degree in the University of Edinburgh; that the university degree might then be the only medical licence to be had in Edinburgh. Thus not only enriching said professors, but giving them an excuse for continuing the degree on its low footing. What would the London College of Physicians or Apothecaries' Society think if the English universities wished them to give their practitioners' licences to none but university graduates, in order that the English universities might licence the general practitioners? This, however, is the policy of Professor Christison and his colleagues.

If the Professor and his allies had thought it illegal under the Medical Act for *any* registered practitioner to put "Dr." before his name, it is probable they would have tried it in law before now, instead of merely crying out and entreating colleges (which they did their best to injure) to come to their help. I write for the purpose of pointing out to the Professor and his colleagues a simple way by which they may retain the title of Dr. for university graduates, the power of which lies entirely in their own hands, if they will. It is simply to set about making the Scotch degree of M.D. such that the profession and the public will respect it—such that, like the English and the Irish degrees, it may be really an academic degree—that it may really imply superior academic attainment to that of the licentiate of the colleges; making it, in short, a genuine article. Instead of doing so, Professor Christison and his colleagues have dragged down the Edinburgh M.D. degree to the level of a mere respectable general practitioner's medical licence. The preliminary examination of the College of Surgeons of Edinburgh, it is well known, has long been actually more extensive than that of the University of Edinburgh, amazing as the fact may appear to Englishmen; and now students have to pass a much more extensive preliminary examination for the L.R.C.P. or L.R.C.S. licences than for the Edinburgh M.D. For the latter, only a bit of Latin translation is required; for either of the former, there are English grammar, arithmetic, mathematics, natural philosophy, and Latin. And it is not an uncommon thing for a student, who has passed the university Latin, to be plucked for Latin at the College of Physicians and Surgeons' examination. Nor has the improved preliminary examination, proposed by Professor Christison and his friends for the university degree, anything academic about it, compared with the preliminary examination for the L.R.C.P. or L.R.C.S. The student who has passed either of the latter says, "This is very hard; I have passed a much more extensive and difficult classical and literary (academic) examination than my neighbour the M.D.; I am much more of a real *doctor* than he is; and yet, forsooth, he is to be called 'Dr.' and I am not." And the beginning student says, "It is no use bothering to pass this preliminary examination of the Colleges of Physicians and Surgeons, I will go for the university degree; and besides the easier preliminary, I shall get the doctor's title into the bargain!"

Now, can this state of matters be defended? Will Professor Christison get up in the Medical Council, amongst educated men, and argue that this, or anything like it, is the right footing for a university degree to be on? There has been no difficulty in keeping the Edinburgh surgeons' examination, not only equal to, but higher than, that for the London surgeons. Why, then, should the examination for the Edinburgh M.D. be so far behind that of the London M.D. It is no wonder, then, that the Edinburgh College of Physicians contents itself with a declaration that it neither authorizes nor encourages its licentiates to call themselves "Dr." How can it be expected to enter on a crusade against its own licentiates for the sake of preserving that title to the crowds of unacademic graduates whom the Scotch universities persist in sending forth, and who have themselves no moral claim to the doctor's title?

I believe that there are only two ways of it: either Doctor must everywhere be a genuine article—must either be a really academic distinction—a great deal more than an ordinary general practitioner's medical licence, so as to make it be respected by the profession, and confined by them to university graduates; or it will be given to and taken by every medical practitioner, and the graduates of those universities whose degrees really are academic will be distinguished, not by the prefix of Dr., but by adding the name of their university, as M.D. Lond., or M.D. Oxon., and being known as such.

I believe, therefore, that Professor Christison and his friends hold the remedy, the only remedy, in their own hands. Let us see whether they choose to apply it. Meantime, let them

first put their own house in order, and wisely avoid throwing stones so long as their own roof is so very brittle.

As to the title of the L.R.C.P.s, I think they are wrong in policy to take the prefix of Dr.; "Physician" is really better. There are, it seems, some highly-starched persons in the London College of Physicians who wish to prevent their future licentiates from using the word "Physician." To try this piece of folly would be merely again playing into the hands of the Edinburgh College, and the London College has already got a severe lesson not to be behindhand in doing the right thing. Were the College of Surgeons to ask its licentiates not to use the word "Surgeon," would it do F.R.C.S.s or the College any good? "Surgeon" being on every door throughout the country does not hurt or grieve Mr. Lawrence or Mr. Fergusson.

An English practitioner of high standing, who lately passed the Edinburgh College of Physicians, told me he despised putting Dr. on his door or card; that he didn't choose to use a title which some disputed, and because he considered "Physician" much the better of the two. His door-plate has neither Dr. nor Mr. on it, but simply "A—— B——, Physician and Surgeon." He has hit the nail on the head, and I advise all L.R.C.P.s and L.R.C.S.s to do likewise. They will have the two best professional titles going, to which they alone can lay claim; and they may let the profession and the public give them any title they like.—I remain, Sir, your obedient servant,

June, 1860. EDINENSIS.

CAN A WOMAN REMAIN IGNORANT OF HER PREGNANCY UP TO THE TIME OF HER DELIVERY?

To the Editor of THE LANCET.

SIR,—The following case I can vouch for as decisively affirmative upon the above medico-legal point:—

On the 24th ultimo I was summoned to Mrs. R——, aged twenty-eight, married, with one child four years old. She stated that for the last twelvemonth she had been ailing, and considered to be in a consumption; that a month or two before last Christmas she began to vomit blood, and, continuing to do so, she in March last consulted Dr. Tyler Smith, who, to her great surprise, pronounced her to be seven months pregnant. Up to the time of her labour the catamenia had been quite regular; she had suffered from none of the ordinary sympathetic ailments; had been sensible of no alteration in the breasts; and, notwithstanding Dr. Tyler Smith's opinion, she had not been able to detect any enlargement of her abdomen, or any sensation whatever of the child's movements. Had she not been informed of her pregnancy, she would undoubtedly have remained ignorant of her situation till the very last.

The liquor amnii was abundant, and the child a full-grown lively boy. I am, Sir, yours, &c.,

Henrietta-street, Covent-garden, June 12th, 1860. JAMES DUNCAN, M.B.

*** We have known similar cases in which married women, who had previously borne children, did not believe they were pregnant until delivery was at hand.—ED. L.

THE "MARSHALL HALL METHOD" IN THE LATE GAS-POISONING CASES AT LIMERICK.

To the Editor of THE LANCET.

SIR,—On reading the cases of gas-poisoning which lately occurred at Limerick, and which are quoted in THE LANCET of the 9th inst., a letter was addressed to Dr. Gelston, inquiring what were the remedial means so perseveringly and successfully employed by himself and Dr. Bourke. The following extract from his reply will be read with interest:—

"Your surmise is quite correct as to the remedial means used in the cases alluded to being those recommended by that able (and I regret to say, deceased) physician, Dr. Marshall Hall. I sent no report of the matter to any journal, but can add that numerous cases have been restored to life in this town at our various hospitals by the use of Dr. Marshall Hall's valuable suggestions. ROBERT P. GELSTON, M.D.

Limerick, June 7th, 1860."

The account which appeared in the *Dublin Freeman* states that the operations resorted to were continued above three hours, until at length the children were pronounced out of danger.—I am, Sir, your obedient servant,

J. HIGGINBOTTOM, F.R.S., F.R.C.S.

Nottingham, June 11th, 1860.

THE LARYNGOSCOPE.

To the Editor of THE LANCET.

SIR,—As it would appear, from some recently published notices in THE LANCET of the laryngoscope, that Dr. Johann Czermak, of Pesth, claims to be its original inventor, we think it our duty to state that, so long as fourteen years ago, we made an instrument on exactly the same principle for the late Mr. Avery, of Charing-cross Hospital.

This instrument, as well as the lamp and other speculæ invented by Mr. Avery, were exhibited by us in 1851; and we beg to subjoin the extract from the Exhibition Catalogue, vol. i., p. 478. We are, Sir, your obedient servants,

Strand, June, 1860. JOHN WEISS & SON.

(*Extract.*)

"Avery's lamp and reflector for examining the ear, throat, and different canals of the body."

Medical News.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora, held on Friday, June 8th, the following Members of the College were admitted into the Fellowship:—

Frederick William Headland, M.D., 37, Margaret-street, Cavendish-square.
Nicholas Tyacke, M.D., Chichester.
William Harcourt Ranking, L.M. Cantab., Norwich.
William Davies, M.D., Bath.
Alexander Bryson, M.D., Barnes, Surrey.
Sir Henry Cooper, M.D., Hull.
Thomas Graham Balfour, M.D., 10, Sumner-place, Onslow-square.
Charles Morehead, M.D., Bombay.
Thomas Evans, M.D., Gloucester.
Charles E. Brown-Séquard, M.D., 81, Wimpole-street.
Henry Hurry Goodeve, M.D., Stoke Bishop, near Bristol.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, June 7th, 1860.

Barnes, William Edgar Grose, Newbury.
Butler, Thomas M., Guildford.
Carmichael, John Richard, Blyth, Northumberland.
Clift, George, Redruth, Cornwall.
Corin, William John, Redruth, Cornwall.
Hudson, Robinson, Bishop Wearmouth.
Tofts, Henry, Cambridge.
Williams, Evan Evans, Llandyssil, near Carmarthen.

The following gentlemen also on the same day passed their first examination:—

Dooley, William, Liverpool.
Edwards, Walter, Bampton, Devon.
Skrimshire, John Truscott, Sloane-street.

For an Assistant—

Rawcliffe, John Lingard, Meltham.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations, received their diplomas in Dental Surgery at a meeting of the board on the 13th instant:—Edward Vizard, St. Nicholas-street, Scarborough; *Daniel Corbett, Clare-street, Dublin; John Knox Chisholm, Queen-street, Edinburgh; Charles De Lessert, Waterloo-road, Wolverhampton; Robert Ransom, Verulam-place, St. Leonards-on-Sea; *George Stothart Penny, Rodney-terrace, Cheltenham; John B. Lindsey, Castle-street, Dover; *Joseph Walker, Holles-street, Cavendish-square; Frederick Charles Allen, Gloucester-gardens, Camden-road Villas; Edward Hope Tweed, Brook-street, Hanover-square; William Henry Wonfor, Sackville-street; and James Bell, Blackfriars-street, Perth. (Gentlemen with an * before their names are members of the College.)

CAMBRIDGE UNIVERSITY.—The following degrees were conferred on the 7th inst.:—Doctor of Medicine: Charles Penfold Ingram, Trinity. Bachelors of Medicine: Reginald E. Thompson, Trinity; Thomas Sheldon Green, Caius.

HARVEIAN ORATION.—The oration in memory of Harvey will this year be delivered by Dr. Page, of St. George's Hospital, on Thursday, the 28th instant, at four o'clock.

ST. BARTHOLOMEW'S HOSPITAL.—Mr. McWhinnie has resigned his appointment at this institution. Other changes are currently spoken of as likely to take place. A close contest was expected between Mr. Holden and Mr. Savory; but we understand that the latter gentleman has withdrawn.

DR. BROWN-SÉQUARD has been elected a Fellow of the Royal Society.

MEDICAL EXAMINATIONS AT OXFORD.—Dr. Ogle and Dr. Rolleston, the Linacre Professor of Physiology at Oxford, commenced their medical examinations on Monday last, in the new Museum.

JOHN HUNTER.—At a large meeting of the John Hunter Statue Committee, at the Royal College of Surgeons, on the 6th instant, it was decided that the execution of the marble statue of the immortal Hunter should be entrusted to Mr. Henry Weekes, A.R.A., and that when completed it should be placed in the museum of the College. It is the intention of the committee that Sir Joshua Reynolds's portrait of the great original, his *chef d'œuvre*, should be followed as nearly as practicable by the sculptor.

UNIVERSITY COLLEGE HOSPITAL.—A dinner, in aid of the funds of this hospital, was held at the London Tavern, on the 7th inst.,—Lord Brougham in the chair, supported by Sir Francis Goldsmid, Bart., M.P., Q.C., Sir Edw. Ryan, Lord Belper, Dr. Roget, Dr. Thorowgood, &c. The Chairman made an eloquent appeal in behalf of the funds of the hospital, which are now encumbered by a debt of £5360,—70 out of the 200 beds being unoccupied from want of means. The whole of the fees to hospital practice and of the medical schools were devoted strictly to the purposes of the hospital. During the last twenty-six years they have amounted to upwards of £37,000. This enormous sacrifice is what no public institution should demand at the hands of its officers, and the liberality of the staff is beyond all praise, although we are by no means sure that it is judicious. The subscriptions and donations for the evening amounted to £2718.

QUEEN'S HOSPITAL, BIRMINGHAM.—The election of two surgeon-accoucheurs to this hospital took place on the 11th instant, under the presidency of Thos. Lloyd, Esq., Mayor, at the Town Hall, Birmingham. The polling continued from one till four o'clock, and at the close the report of the scrutineers (Mr. W. J. B. Scott and Mr. A. Biggs) was as follows:—Dr. Suckling, 63; Mr. Clay, 41; Dr. Hinds, 26; Mr. White, 18. The Mayor thereupon declared Dr. Suckling and Mr. Clay duly elected. Mr. W. J. B. Scott being called to the chair, Mr. Jacob Phillips proposed, and Mr. Geo. Taylor seconded, a cordial vote of thanks to his worship for his impartial conduct in the chair, which was carried with acclamation.

THE DWARF CORN-CUTTER.—We have to record the death of a person, although not of our own profession, of great reputation as an operator. The lady to whom we refer (Mrs. Seymour Hill) practised her profession for upwards of thirty-five years as a chiropodist at York-gate, Regent's-park, and realized a large fortune. Her fee for the extraction of any number of corns at home or at the patient's house was five shillings, and under no circumstance did she ever demand more. Unlike the set of corn-cutters who infest the metropolis and other large towns, who cut off mites of cuticle at the *moderate* charge of two guineas each, she carried on her business in the most honourable manner. Mrs. Hill was sent for twice to France to operate on the feet of Napoleon III. and the Empress Eugénie. She also attended the principal members of the aristocracy of this country, and would have been commanded to the Palace had it not been for her diminutive size and peculiar appearance, she being only three feet ten inches high, and of a very plethoric habit. We cannot allow Mrs. Seymour Hill to pass away without affording our testimony as to the straightforward way in which she practised her calling. Mrs. Hill has left, amongst other legacies, £200 to the Asylum for Idiots, Red Hill.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The thirtieth annual meeting of this Association is fixed to take place at Oxford, on Wednesday, the 27th inst., and following days, under the presidency of Lord Wrottesley and the Earl of Derby; the Vice-Chancellor of the University of Oxford (Dr. Jeune), the Duke of Marlborough, the Earl of Rosse, the Bishop of Oxford, the Dean of Christ Church (Dr. Liddell), Dr. Daubeny, Dr. Acland, and Professor Donkin, as vice-presidents. The time for holding this great scientific gathering has been fixed three or four months earlier than usual; and it is anticipated, from the forward state of the new Museum, and following so closely upon the Commemoration, which generally attracts crowds of visitors from all parts of the kingdom, that the meeting will be one of an unusually brilliant and successful character. The proceedings will commence on the afternoon of the 27th inst., in the Sheldonian Theatre, when it is expected that his Royal Highness Prince Albert (who presided over the meetings of the Association at Aberdeen last year), will attend and resign the presidency, after which Lord Wrottesley will deliver the inaugural address. The subsequent days will be occupied with the meetings of the several sections; and on the afternoons of Friday and Monday, June 29th and July 2nd, there will be general discourses in the theatre, one of which will be delivered by Professor Walker, "On the Present State of our Knowledge of the Physical Condition of the Sun." One great feature of the meeting will be the evening *soirées* in the Museum, which is rapidly approaching completion, and, from its capacious size and the interest which attaches to it, is admirably adapted for the purpose. The last of these meetings will be especially devoted to the exhibition of microscopes, and Dr. Acland and Mr. Gray, of Exeter College, who have undertaken the care of the exhibition, have received numerous promises of assistance from several of the most eminent microscopists and opticians throughout the country. Another evening will be occupied with electrical experiments. Letters of invitation have been issued to all the members of the Association, to the number of upwards of 2000, and there is reason to believe that the meeting will be well attended by the representatives of science in England as well as abroad.

COLLEGIATE ELECTIONS.—We understand that no new candidates have been proposed in opposition to Messrs. Hodgson, Kiernan, and Partridge, the retiring members of the Council of the Royal College of Surgeons, who will no doubt be re-elected.

BELFAST MEDICAL SOCIETY.—The thirty-fourth anniversary dinner of this Society took place on the 7th instant, the chair being filled by Dr. Murney. There was a numerous attendance, and the proceedings were altogether of a most interesting character.

INQUESTS ON THE ORIGIN OF FIRE.—THE QUEEN *v.* HERFORD.—An important cause relating to the right of coroners to hold inquests respecting the origin of fire was tried in the Court of Queen's Bench this week, before Lord Chief Justice Cockburn, and Justices Wightman, Crompton, and Blackburn. The Solicitor-General appeared for the Coroner for Manchester, Mr. Herford, followed by Mr. Wheeler and Mr. Fonblanque; and Mr. Mellish supported the rule for a prohibition. The arguments were able and elaborate. The judgment was unanimous in favour of a rule absolute for a prohibition, on the ground that the jurisdiction had lapsed from long disuse. The practice of holding inquests in cases of fire without homicide was revived by Mr. Serjeant Payne, the Coroner for the City of London.

VACCINATION AT CAMBRIDGE.—The dreadful disease of small-pox has been raging in Cambridge to a considerable extent recently, and consequently the Board of Guardians have at last issued notices stating that parents neglecting to have their children vaccinated would be subjected to a penalty, although these functionaries for a long time thought they had no power to enforce such penalty. The public have taken the precaution to avoid the consequences of disobedience to the law, and, as might be expected, a large number are being daily vaccinated, adults as well as children, and this especially in the populous parish of St. Andrew the Less. Dr. Seaton, the inspector appointed by the Privy Council, has visited Cambridge, and attended the meeting of the Board. He stated that in 1858 six thousand five hundred persons had died from small-pox; and that in the same year the vaccinations in Cambridge were thirty-four per cent. on the births, and in 1859 twenty-eight per cent. Dr. Seaton had found vaccination much neglected in Cambridge, and of course the children were liable to the small-pox. He suggested the issuing of public notices cautioning the people, and an investigation of the children. He further suggested that the medical officers within the union should be informed that they made themselves liable to be indicted for misdemeanour if they neglected to send in the certificates of vaccination.

CHOLERA AT MALAGA.—An official notice has been issued by Lloyd's agent at Malaga, confirming the announcement of the presence of cholera there, and stating that that port, city, and neighbourhood have just been officially declared as infected with epidemic cholera morbus, and that the sanitary authorities have determined to issue foul bills of health to all vessels clearing out from Malaga from this time until it shall please Divine Providence to dispose the cessation of the malady.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JUNE 9TH.—The returns of London for the week that ended last Saturday show a total number of 969 deaths, and a decrease on that of the previous week, which was 1004. The mortality from small-pox continues to show a tendency to decrease; 15 deaths from this disease were returned last week. Scarlatina was fatal in 22 cases, and diphtheria in 9. At the present time measles is considerably more fatal than any other zymotic disease, 51 children having died from it.

MEDICAL DIARY OF THE WEEK.

MONDAY, JUNE 18 .....
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Clinical Lecture on "Paralysis and Epilepsy." By Dr. Brown-Séquard.

TUESDAY, JUNE 19.....
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, JUNE 20
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

THURSDAY, JUNE 21 ...
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.

FRIDAY, JUNE 22.....
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, JUNE 23 ...
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

The General Medical Council.—It is rumoured in well-informed circles that several changes in the constitution of this body are about to be made. It is confidently asserted that several members intend to resign. We understand that a motion was made by some of the Scotch representatives at a meeting on the 14th instant, that reporters of the public press should be admitted to the meetings of the Council. Nothing can be more conducive to the true interests of the profession than such a proceeding.

A Constant Reader.—A work on the subject has been published by Mr. Jabez Hogg, and may be obtained of any bookseller.

A Member of the New Sydenham Society complains of the delay of the Council in their publication of books for the present year. We have reason to believe that this delay has been unavoidable, and that the volumes promised will be issued before the termination of the year.

Lupulus is legally qualified to take an apprentice.

Mr. Alfred Poland is thanked for his polite offer; but our arrangements do not permit of our accepting it.

A Victim should summon the impostor to a County Court. As the money was obtained by false pretences, he could not fail to obtain a verdict in his favour. The case referred to is strictly in point as a precedent.

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

WE find that a Bill under the following title is now before Parliament:—"An Act for consolidating the Acts relating to the Widows' Fund of the Royal College of Surgeons of Edinburgh, for regulating the future Management of the said Fund, and for other purposes." We have not had time to examine the measure with any great degree of care, and doubtless its objects are good enough. Clause 14, however, is rather peculiar:—

"Every contributor who shall marry after having attained the age of fifty years, shall, upon each such marriage after the age of fifty years, if his age shall exceed that of his wife, pay to the collector of the fund, for the benefit thereof, a tax of three pounds sterling for each complete year that the age of such contributor shall exceed that of his wife."

On what statistics is the penalty for a man above fifty years marrying a young wife founded?

C. S.—The expense of an outfit for an assistant-surgeon, including uniform, barrack portable furniture, such as bed, bedding, &c., ought to be well covered by £100. After a gentleman has passed the competitive examination in London, he is allowed 5s. a day until he passes the final examination for assistant-surgeon. He is also provided with quarters.

WE extract the following extraordinary letter from the columns of the *Morning Advertiser* of Wednesday last:—

"THE LONDON HOSPITALS AND HOMŒOPATHY.

"To the Editor of the Morning Advertiser.

"SIR,—I see by an advertisement that the present income of St. George's Hospital is still 'quite inadequate to meet the necessary expenditure; and if the public do not, by increased subscriptions and donations, enable the governors to meet this deficiency, they will be compelled to close several of the wards.'

"Now, Sir, you must excuse me in endeavouring to draw your attention and that of the public to the shameful, if not sinful, neglect by our hospitals of an improved mode of medical practice, which would lessen mortality, curtail the duration of disease, and reduce the present expenditure to a most desirable limit. It seems to me that the great learning, industry, and profound acquirements of hospital physicians and surgeons could not be directed to more beneficent ends.

"From statistics now before me, it appears that an ordinary allopathic hospital expends on account of drugs and medicines alone in one year upwards of £1000 in the treatment of the same number of sick who would be more speedily and efficiently restored to health at a cost scarcely exceeding £300, were they treated according to the principles of Hahnemann. Surely this of itself is more than sufficient to urge hospital physicians and others to inquire fairly and honestly into the merits of this system, which has long ceased to be an experiment. It has been practised with success at the Hôpital Ste. Marguerite and Beaujon, two of the first-class hospitals in Paris. Large hospitals are specially devoted to the practice in Germany. In America, within the last few years, wards have been appropriated for the practice in the ordinary hospitals, in one of which (the Chicago) the success has been so decided that the allopaths have been obliged to evacuate.

"I have recently endeavoured to enlist the sympathies of eight of our principal London hospitals by liberal proposals, though as yet my efforts have not been successful. As it is now in my power, through the munificence of a philanthropic capitalist, to increase my previous offers, published in your journal on the 29th ult., to a very considerable extent, I will thank you to give them publicity.

"If St. George's Hospital will appropriate for three years, under my direction, 50 or more beds for homœopathic practice, from which comparative statistical results between homœopathy and allopathy could be deduced, I am prepared to provide the necessary funds and medicine. Should the trial of three years warrant the continuance of the practice, we undertake to endow 30, if not more beds. My conviction is that, long before the end of three years, funds would be forthcoming to endow not less than 100 beds, if any confidence is to be placed in promises. As a guarantee, however, that the pecuniary part of the present proposal shall be duly and faithfully met, I beg to give the name of my friend, Mr. Henry Edmund Gurney, of Lombard-street.

"A similar offer has been communicated to Lord Brougham on behalf of the North London or University College Hospital, which seems to have 70 beds constantly vacant from the want of funds.—I am, Sir, yours, &c.,

"Brook-street, Grosvenor-square, June 11, 1860." "D. WILSON.

Can it be possible that funds will be raised by such an invitation, when for the legitimate purposes of our hospitals they are, as stated, withheld? What will come of this scheme we know not, and certainly the letter itself would not have been inserted in this place had there not appeared in it the reference to Mr. Henry Edmund Gurney.

J. A. D., (Manchester.)—No instance has ever been known of gonorrhœa making its appearance four weeks after connexion. Leucorrhœa (not lucrea) is a disease incidental to females. The symptoms complained of by our correspondent are most probably caused by excess.

Ergota.—Such a qualification cannot be registered.

Edinburgh.—It was thought desirable in the memoir of the late Professor Lizars to omit all allusion to the unfortunate dispute in which he was engaged some years since. Criticism upon it now is unnecessary.

THE NEW LICENTIATES.

To the Editor of THE LANCET.

SIR,—It appears to me to be scarcely acting with justice to the former licentiates and present members of the Royal College of Physicians to introduce, under the honoured title of licentiates, persons in general practice.

We have always been accustomed to look upon a L.R.C.P. as a pure physician, and to apply that title to a general practitioner seems somewhat objectionable. I would suggest that the general practitioners who enter the College should in place of "licentiates," be called by some other title, as "associates," which, while still showing that they are associated with the College, would not lead to any mistake as to the rank of the former licentiates.

I am, Sir, your obedient servant,

June, 1860. M.D. Edin.

An Inhabitant of Chatham.—It appears to us to be impossible that any coroner could have refused to hold an inquest in such a case. Without doubt, if the report be correct, the coroner is liable to an indictment and to removal from his office for so obvious and unjustifiable a breach of duty. True, he may allege that the magistrates most unjustly deprive him of his fees; but that is no reason why he himself should act unjustly towards the public. The question between the magistrates and coroners is simply one of fees. The question between the coroner and the public is one of duty imposed by an oath of office. The magistrates have no power whatever to prevent a coroner from holding an inquest in any case; the discretion as to taking it rests with the coroner alone; but in a case of violent death, both the common and statute law impose on the coroner the necessity of impannelling a jury, should he be required to issue his warrant.

Lunacy.—The Bill will probably be again brought before the House of Commons considerably modified. The "suggestions," which contained valuable hints, should be forwarded to Mr. Walpole. There is no reason to suppose that any opposition will be offered to wholesome legislation in the quarter to which our correspondent alludes. The real difficulties of the question are due to causes with which the promoters of the Bill are thoroughly acquainted.

THE SOCIAL STATUS OF THE PROFESSION.

To the Editor of THE LANCET.

SIR,—Your correspondent, "Army Surgeon," does not make a correct inference when he states that the "half-caste medical subordinates in India" pass the examinations at the College because these latter are so "simple and easy." That these young men are successful in obtaining the diploma of the Royal College of Surgeons is a fact highly creditable to them, but by no means discreditable to the College. They study for four and five years at Indian medical schools, which are equal, if not superior, to the provincial schools of this country,* and which are recognised by the College. They come to England furnished with all the certificates required by the regulations of the College, and some of them enter a London hospital for a session or a year or two previously to undergoing examination. That men so prepared should successfully pass through the ordeal of the double examination is assuredly no proof that such examination is "simple and easy," nor that the College is brought into discredit by admitting them. Almost all of them who have come over have been equally successful at other examinations (far more difficult than those at the College of Surgeons) for degrees and public appointments, and some, I believe, have been admitted members of the College of Physicians. Their success has been manifestly achieved by their own industry and talents, and it is invidious and unmanly to attribute it to the simplicity of examinations.

One who has lived in the colonies can well understand the feeling with which "Army Surgeon" regards the admission of native and "half-caste" medical men to the membership of a College to which he, the "Army Surgeon," belongs, and their elevation, in fact, to a footing of professional equality with himself. The Court of Examiners, not having been abroad, does not entertain any prejudice against the educated natives and coloured men of our Indian possessions, and it is further a matter of indifference to the Court whether candidates for the diploma have been educated at the "Government expense," or have discharged the "mechanical duties of preparing returns and dispensing medicines," or have "proceeded from the East or West Indies,"—most absurd objections to make to their admission,—provided they furnish proof that they had received the necessary education. That Indian medical students are more appreciated in England than they are in the land of their birth and education, is simply due to the circumstance that the narrow and ungenerous prejudices that Englishmen are apt to acquire abroad are not sympathized in by Englishmen at home.

Your obedient servant,

June, 1860. ALPHA.

* Perhaps the superb Medical College of Calcutta is equal to any in London.

A Member of the Association.—We had not an opportunity of attending the special general meeting of the London Medical Registration Association; but we are informed that the resolution for appointing a barrister or solicitor—that is, a member of the legal profession—as the paid Secretary was adopted. This is what we have been told; but we cannot believe the statement. Should such an error have been committed, it may be set right at the annual meeting in November next.

Inquirer.—The course of professional study commences at the time of apprenticeship. Those who were articled previously to the 31st of October, 1859, would be exempt.

A Prescriber.—The preparation of the medicine is said to be secret; but an analysis of it has been given in this journal. It contains morphia, hydrocyanic acid, and chloroform. No secret remedy can be recommended by us.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I have just returned to the Secretary of the Consolidated Life Assurance Company the following answer to an application for a medical report on one of my patients, finding that the Company is one of the *advice-gratis order*.

I am, Sir, yours, &c.,

Alford, June, 1860. R. U. WEST, M.D.

[COPY.]

"Alford, June 8th, 1860.

"SIR,—I gather from the tone of your application that I am to answer your long string of questions about Mr. —— 'for *his* benefit;' that you wish to have the answers without paying me a fee. In that case, as I should be acting exclusively as his *advocate*, I should without any hesitation answer *all* the questions favourably to him. But although you say 'for *his* benefit,' I know that that is not what you mean; you want 'correct' answers for *your own* benefit. I decline furnishing such answers without a fee. I do so on principle.

"I am, Sir, your humble servant,

"R. U. WEST.

"To the Secretary, Consolidated Life Assurance Company."

A Superintendent of an Asylum.—The water-bed in which the patient at the Colney Hatch Lunatic Asylum was accidentally drowned was not of the ordinary kind as sold in London, as it had received an "improvement," invented by one of the officers—not medical—of the establishment. When the water had escaped from the bed which had burst, it could not flow from the boarded frame-work in which the bed had been lodged, there having been no apertures for its exit in the boarded sides or ends of the frame.

A Disappointed Pupil should address his complaint to the Treasurer of the Hospital.

Senex.—Under the new bye-laws of the College, there are now only "Fellows" and "Members." The Licentiates of former years are now Members. There will be no Extra-Licentiates when the actual members of this class shall have died out. The term Licentiates is about to be revived in favour of the Gen. al Practitioners to be admitted under the new regulations.

SINGULAR KIND OF EXPECTORATION.

To the Editor of THE LANCET.

SIR,—I have just now a most singular case under my care, and am anxious to know if any of my professional brethren have ever seen or heard of a similar one.

A man, aged forty, subject for some years to occasional attacks of hæmoptysis, was seized the other day with his usual symptoms, but along with the blood he expectorated a considerable quantity of mortary-looking matter, mixed with numerous hairs, some short and fine, others long and well-grown. The solid stuff under the microscope showed indications of cells, but was mainly composed of granular material, soluble in ether. In short, he appears to be expectorating the contents of an encysted tumour, such as would be no novelty in the scalp.

At some future period I will, with your permission, relate the history and progress of the case; but I have troubled you with this note now, in order to elicit if possible an account of any similar observations.

I am, Sir, yours obediently,

Boroughbridge, June, 1860. LEONARD W. SEDGWICK, M.D.

P.S.—I should have stated that physical signs clearly point to the upper part of the left lung as the seat of the mischief.

A. B. D.—1. The classical subjects for the matriculation examination, January, 1861, are—Homer, Odyssey, Book IX.; Sallust, Conspiracy of Catiline. There is no special French book indicated.—2. W. A. Case, Esq., M.A., University College, London.

Querist.—The appointment is most likely in the hands of the county magistrates.

J. A. L. P.—It is a matter of opinion. Under some circumstances it is, no doubt, a desirable addition to other qualifications. This would be the case, we think, in a country district.

THE communications of Mr. G. P. Girdwood, "On Three Cases of Phlebitis occurring in Patients affected with Syphilitic Poison," and Mr. Weeden Cooke, "On Cut-Throat," are unavoidably postponed.

CAN A PHYSICIAN BE A BANKRUPT?

To the Editor of THE LANCET.

SIR,—A person passed the Royal College of Physicians of Edinburgh in February, 1860. In May, 1860, he petitions in a Court of Bankruptcy as a *druggist*. Now, according to the regulations for the licence of the R.C.P. Edin., no person must sell drugs or keep a chemist's shop.

Will you kindly answer me the following questions:—Can he petition as a druggist, being L.R.C.P. as well? If a druggist, would he not forfeit his licence?

I have written to Dr. Haldane on the subject, and he has not replied to my inquiry, which leads me to suspect that the licentiates of the College of Physicians of Edinburgh may do as they like with regard to shops, and that they may be traders or non-traders as occasion requires.

I am, Sir, your obedient servant,

Hitchley, June, 1860. ROBERTUS.

A Sufferer should consult a respectable surgeon, and avoid the advertising impostors. The malady is easily cured. The symptoms named are, no doubt, produced in the manner described.

An Anxious Inquirer.—1. The æther sulph. comp.—2. At the signing of the indentures.

A MEMOIR notice of the late Thomas Poyser, Esq., F.R.C.S., shall appear in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Burrows; Dr. Orally Hewitt; Mr. B. Sheppard, Nottingham; Mr. Longhurst, Goruckpore, India, (with enclosure;) Dr. Gairdner, Edinburgh; Mr. Richard Barwell; Dr. T. C. S. Corry, Belfast; Mr. Collyer, (with enclosure;) Mr. Davies, Newcastle Emlyn; Mr. Mumford; Dr. Bird, Stockport; Mr. Skaife, (with enclosure;) Mr. Hodgson, (with enclosure;) Mr. Edwardes; Mr. Pressat, (with enclosure;) Mr. M'Ray, (with enclosure;) Dr. Laing, (with enclosure;) Mr. Cripps, (with enclosure;) Mr. Hyde, (with enclosure;) Mr. Frew, (with enclosure;) Dr. Thompson, (with enclosure;) Mr. Cottart, (with enclosure;) Mr. Brodhurst; Mr. Evans, Shrewsbury, (with enclosure;) Capt. Yorke, (with enclosure;) Mr. Kitching, Wakefield, (with enclosure;) Mr. Mason, (with enclosure;) Mr. Wimberley, (with enclosure;) Mr. Ravenscroft, (with enclosure;) Mr. Nicolson, (with enclosure;) Mr. Antey, (with enclosure;) Mr. Mercer, Wadhurst, (with enclosure;) Mr. Evershed, (with enclosure;) A. B., (with enclosure;) A Sufferer; A Constant Reader; Senex; Enquirer; A Member of the New Sydenham Society; An Anxious Inquirer; Lupulus; Ergota; A Superintendent of an Asylum; An Inhabitant of Chatham; &c.